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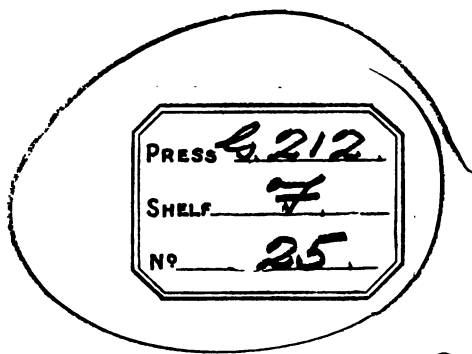
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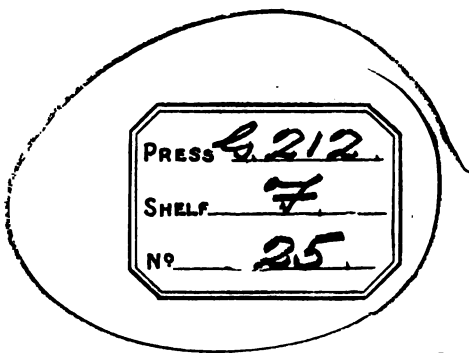
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To ye Editor of the
Medical Almanac
with ye Author's Comp.



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To ye Editor of the
Medical Almanac
with ye Author's Compl.



A DESCRIPTIVE AND TABULAR REPORT
OF THE
MEDICAL AND SURGICAL CASES
TREATED IN THE
KENT AND CANTERBURY HOSPITAL,

From October 16, 1840, to June 1, 1842,

WITH REMARKS UPON ITS PRESENT CONDITION AND FUTURE
PROSPECTS, ILLUSTRATED BY TABLES OF EXPENDITURE,
&c., AND PRECEDED BY AN
ESSAY ON THE ORIGIN AND PROGRESS OF HOSPITALS,
FOR THE SICK, FROM THE EARLIEST TIMES,

By ALFRED LOCHÉE, M. D.,

SENIOR PHYSICIAN TO THE HOSPITAL.

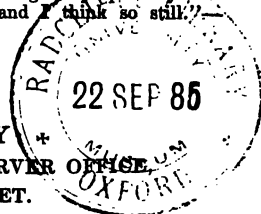
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"Immortalitatem mortalibus arte medicâ donare, nemo sanus unquam vel in animo cogitavit. Sed *aliquid* certe est mortem adeo mortalibus invisam, et a tergo quotidie prementem, paulûlum remorari, et repellere; *aliquid est* morbos molestissimos relevare, et illorum acumina hebetare; omnes recte et diligenter curare, plurimis etiam omnino mederi: *aliquid est*, de mortalium acerbissimis doloribus partem detrahere, alios lenire, alios sæpe depellere, et amandare. Hæc non sunt minimæ laudis."—(*Orat. Harveian. autore B. Hoadly, M.D., 1742.*)

"I have always thought, that Hospitals are not converted to half the good they are calculated to serve, as Schools of Medicine, and I think so still.

"I have always thought, that, in Hospitals, knowledge is perpetually running to waste, for want of laborers to gather it, and I think so still."—(*Latham, on Clinical Medicine.*)

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CANTERBURY *
PRINTED AT THE KENTISH OBSERVER OFFICE,
10, ST. GEORGE'S STREET.

1842.



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TO THE GOVERNORS
OF
THE KENT AND CANTERBURY HOSPITAL,
THIS SECOND REPORT
OF THE CASES RECEIVED INTO IT,
IS RESPECTFULLY INSCRIBED
BY THEIR MUCH OBLIGED
AND FAITHFUL SERVANT,
ALFRED LOCHÉE.

St. George's Place,
July, 1842.



INTRODUCTION.

In a former part of these Reports, which, at the time of publication, was stated to be the "first of an intended series," the immediate subject of it was prefaced, by a few general observations upon the advantages of statistical inquiries, as regards Hospitals, and upon the difficulties which are met with in pursuing them. These difficulties were observed to be the same in principle everywhere, though they might not everywhere be present to the same amount; and whilst a few, which are common to all places, were not left unnoticed, an attempt was made to describe, more minutely, the sources and characters of those which interrupted our inquiries in this particular district. It was also observed, that the vague manner of designating diseases which had, particularly of late years, become so customary, tended, in a great measure, to lessen the accuracy of any report of them; whilst it was insisted, that this evil, which arose generally from carelessness, might be, if not entirely remedied, at least materially diminished, by even common care and attention. The fallacies likely to arise from setting down, in all cases, the ages of Hospital, or pauper patients, exactly as they themselves relate them, were also spoken of, and a general explanation of the source of these fallacies was briefly entered upon: the

whole of this subject was, however, at the best, merely glanced at, so that ample materials for its continuance remain, whenever it be deemed desirable, to resume it ; but it is likely that this, and all other separate questions, involving general principles in their investigation, may be handled to more advantage after the origin, nature, and purposes, of Hospitals in general have been thoroughly understood : and it has been, therefore, thought advisable, before proceeding further on the former track, to draw the attention of the public to these fundamental points, by prefacing this second Report with an *Essay on the Establishment and Progress of Hospitals for the Sick, from the earliest times.*

Mr. Editor

This "Essay" was written only with a view of exhibiting an local interest in a subject, & of removing many erroneous impressions, which interfered with the well doing of a Hospital. -

It was merely circulated among your members, for their private information. -

The only part likely to interest you, begins at P. 71. To which I therefore refer you. -
 H. Lockhart.

ESSAY

ON THE

ESTABLISHMENT OF HOSPITALS, &c.

THERE can be little doubt that the art of healing was both known and practised, in some degree, and in some way or other, at the remotest periods of this world's history: whilst the fact that the ancient Greeks not only worshipped its presumed founder with divine honors, but even traced his descent directly from the Gods, proves that, whatever might have been the real amount of knowledge in those times, the exercise of it was very highly appreciated. It is certain, however, that it did not exist at first, as an art by itself, nor was the practice of it confined to any specially qualified persons; it was associated with, if not entirely dependant upon, the various religious observances of the Heathen Mythology: priests, and other inspired persons, who were supposed to have direct communication with the various deities, being the only dispensers of it; not, however, because they possessed any peculiar acquaintance with the arcana of Medicine, but because they were looked upon as the visible agents of the invisible powers, through whose hands all the gifts of the Gods were distributed to men.

Proofs, however, are by no means wanting to shew, that among the highly civilized Greeks, whose acquaintance with the collateral sciences was so profound, the practice of Surgery, at least, did not long continue to be limited to the exercise of religious rites, or an appeal to the deity by sacrifices and propitiations; but that actual mechanical

4 ESSAY ON THE ESTABLISHMENT OF HOSPITALS, &c.

means, and human contrivances, were resorted to, for the cure of injuries, and especially of those received in battle. Several passages in the *Iliad* give good evidence of the progress which this branch of the Healing Art had made, at the period of the Trojan war; and whilst the names even of the two heroes who then exercised it have descended to us, we may judge of the estimation in which they were held on account of their surgical attainments, by the anxiety that was felt when one of them was wounded in battle; thus, Machaon having been struck in the shoulder by a three-barbed dart, Nestor is requested to take him into his chariot and to drive with him, at once, to the ships; "for," continues his friend Idomeneus, "a warrior who knows as he does how to cure wounds by softening unguents, and who is skilful in the extraction of missiles, is, himself, worth a hundred mere warriors."* This passage is, of itself, sufficient to shew, that the art of healing was practised in those times, by the actual application of sanative remedies, whatever they might be; and it proves, moreover, that a general confidence in their intrinsic power alone existed, since it is expressly intimated that Machaon "knew how to cure wounds, and relieve pain," without any allusion to superstitious observances as a necessary part of his practice.

In the earliest ages, perhaps, of all nations, the arts of the legislator, the natural philosopher, the religious teacher, and the physician, were combined: this was, at least, the case, in a marked manner, among the ancient Egyptians; for the priesthood propounded laws, regulated the calendar, exercised those mathematical arts which the physical peculiarities of the country rendered necessary, regulated all religious beliefs and ceremonies, and practised the Healing Art. This latter was, however, divided into two branches, each one of which was allotted to a separate order of the priesthood: the one, called "Pastophori," were the practical physicians, the other, the surgical operators; whilst the *higher*

* *Homer. Iliad. Lib. xi.*

order of priests reserved to themselves the power of prophesying and of the exercise of magical rites, when used as remedial measures for the cure of disease. Their remedies consisted chiefly of clysters, drenches, purgatives, emetics and fastings,* which were to be repeated every third or fourth day, and the general treatment of patients was to be conducted in strict conformity with the laws laid down for the particular case in the sacred book or code of instruction, which had been handed down from time immemorial, to serve as a guide in all departments of knowledge.† If the physician followed the precepts taught therein, and his patient died, he was free from blame; but, if he departed from them in any essential particular, with the same unfortunate result, he himself was liable to suffer death.‡

The Egyptian physicians (who, in the time of Herodotus, were declared by him to be very numerous) received a certain salary for their attendance on travellers, strangers, and the military, when on warlike expeditions:§ they were also frequently rewarded out of the public purse for their successful labors, “ex publicâ pecuniâ dabantur præmia;”|| but with their powers of original research, so limited and confined, they could not attain to much sound acquaintance with the Healing Art, which did not probably extend beyond the mere

* Diodor. Sicul. Lib. i. ; (Fol. 1604, Hanovizæ.)

† Said to be written by the son of Osiris, the supposed “Hermes Trismegistus,” of the Greeks.

‡ Diodor. Sicul. loc. cit. [Something of this kind also obtained many centuries after, among the Visigoths, who, after the fall of the Western Empire, possessed that part of the continent of Europe now called Spain. The restriction, and the penalty, seem, however, only to have had reference to blood-letting, among them. “Si quis medicus,” says one of their laws, “dum phlebotomum exerceat, et ingenium debilitaverit, centum solidos coactus exsolvet. Si vero mortuus fuerit, continuo propinquis trahendus est, ut quod de eo voluerint habeant potestatem.” (Professor Smyth’s lectures on Modern History, vol. i, p. 108.) The unfortunate “medicus,” thus surrendered to the uncontrolled rage of his patients’ friends in such barbarous times, may be easily conceived to have paid with his blood, for that which he had shed. The Professor archly observes, as a comment upon the law, that the “Sangrados of Spain seemed to have appeared early.”]

§ Diodor. Sicul.

|| Dissertatio de nummis quibusdam à Smyrnæis in Medicorum honorem percussis. Londini, 1724.

knowledge of simples, applied without rule, or election : it was the Greeks, who, receiving the groundwork of nearly all knowledge from them, and who had the peculiar faculty of improving into excellence every thing they touched, wrought out of the rude materials submitted to them, the first foundation of the present science of Medicine.

From the remarkable æra before alluded to, as giving examples of the successful, and honoured, exercise of that branch of the Healing Art, denominated Surgery, down to the establishment of the Greek Republics, or even to the Peloponnesian war, we have not even tradition to help us in investigating the progress of it : but then came "divinus Hippocrates," and the Art of Medicine, properly so called, sprang into existence as the offspring of his scarcely human genius. This extraordinary man was born at Cos, about 458 years B. C. He was truly the Father of Physic : before his time, nothing approaching to a proper description of internal maladies is known to have existed, neither had the use of particular remedies been recommended for their relief. Surgery, from being, at any rate at first, confined to the cognizance of external injuries, wherein the treatment could be guided by the sight, had, as before-mentioned, attained to some degree of perfection : but it required the lapse of ages, with the gradual accumulation of various kinds of knowledge, to detect and relieve diseases of internal organs, when not evidently connected with any tangible cause : and this was reserved for the genius of Hippocrates. "*Magno nomini adsurgimus omnes ! et parentem medicinæ veneramur ! qui non tantum sapientissimis præceptis artem hanc formavit, sed et ipse vita et moribus perfectissimi medici exemplar expressit.*"* These "most wise precepts" have been handed down to us, in a series of such masterly essays, as to render it doubtful whether they have ever been surpassed ; and which have laid so sound and well devised a foundation for Medical

* Orat. Harveian. Richardo Mead. 1724.

science, that it may, without exaggeration, be said, that the discoveries of after-ages have merely added materials for the superstructure, which has been gradually raised upon it.

From his time to that of Celsus, no very remarkable improvement, in the regular science of Medicine, was made by any individual now remembered. Aristotle, who was, however, more of a general philosopher than a physician, both taught and practised it;* and it was by curing Alexander of some painful malady, that first gained for him the peculiar friendship of the conqueror; who, afterwards, did not think it beneath him to receive his instruction on the subject, or unworthy of his exalted station to attempt to turn to account, for the good of others, the knowledge he had thus received.† In some of the splendid cities of Syria, also, at this period, the Healing Art, if not advanced by any great discoveries, maintained its place, at least; whilst its professors, who diligently studied the writings of Hippocrates, enjoyed great honor. At Smyrna, which, during the reigns of the Cæsars, ranked in importance with Ephesus and Pergamus—towns which owned little inferiority to either Antioch or Alexandria, which, in their turn, aspired to a rivalry even with the majesty of Rome herself,—‡ Erasistratus, a descendant of Aristotle, founded a school and sect, the renown of which was spread far and wide. The estimation in which the members of this school were held, is best shewn by the respect paid to them by their fellow citizens, who frequently awarded to their favorite Erasistrateans, the public honour of impressing their names upon the current coins of the state, in conjunction with the effigies of those deities who were supposed to preside over the Art of Healing: as Hygeia, Esculapius, &c.§ Neither was this signal honour (generally awarded to the chief magistrates only) conferred by the Smyrnæans upon Erasistratus and his disciples alone; for many of the coins, so struck, bear the names of Herophilus

* Ælian. Var. Hist. L. v., c. 9.

† Gibbon. Decline and Fall.

‡ Orat. Harveian supra cit.

§ Dissert. de Nummis supra cit.

and his alumni, whose school and sect flourished in the neighborhood of Laodicea about the same age.

The Romans learned all their arts and sciences from the Greeks, and among them that of Medicine also; but it has been averred that slaves, and other persons of mean estate, were, at first, the only practitioners of it at Rome. Cornelius Agrippa seems to have been the inventor of this fable;* as well as that the medical men were summarily driven from Rome by Cato the Censor, who, together with his son, amused themselves by scoffing at, and ridiculing the art. It nowhere else appears, however, that the Censor had either the inclination, or the power, to expel them; for Pliny† and Cicero‡ both attest the skill of certain medical practitioners during the infancy of Roman science; to one of whom, indeed, (Archagathus by name) the “Jus Quiritium” was accorded, on account of his talents§. A handle for this supposition was, perhaps, given by Pliny, in the following words:—“Cur vero non millia quotium sine medicis degant, nec tamen sine Medicina sicut populus Romanus ultra sexcentimum annum, nec ipse in accipiendis artibus luctus medicinæ vero etiam avidus, donec expertam damnavit.”|| This verdict, after trial, however, was not against Medicine in general, but only against those bloody operations which, undertaken by ignorant persons, excited as much horror in the spectators, as they occasioned useless suffering to the afflicted.

Nearly 500 years, then, after the establishment of Medicine, by Hippocrates, came the great Roman physician, Aurelius Cornelius Celsus, who lived at Rome, during the reigns of Augustus and Tiberius. His biographers are at variance, as to the exact date and place of his birth;¶ but the most erudite declare him to have flourished in the 20th year of the

* De Vanitate Scientiarum. Cap. 38.

† Nat. Hist. Lib. xxix., c. 1 (Franckfort, 1599).

‡ De Oratore. Lib. i; c. 14.

§ Plin. Nat. Hist., loc. cit.

|| Ibid.

¶ Vita. à Johanne Rhodio (Almeloveen's Edit., Amsterdam, 1713).

Christian era, and place him first upon the list of the writers of the "Silver Age." He is said never to have practised his profession, although it is difficult to imagine how he could have obtained his vast store of practical knowledge without having done so. His writings have descended to us in the shape of eight books, alike remarkable for elegance of style, and accuracy of detail ; and in which the careful reader will be sometimes surprised to find, much more than the germ of several of the miscalled discoveries of the present day. Then, nearly 200 years later, came Galen, born at Pergamus, A.D. 165, where he is said to have practised surgery only ; but coming to Rome in the reign of Marcus Aurelius, and "being attracted by the predominating taste of the age in which he lived, to a science which more easily yields to the systems and dazzling speculations of philosophical sects, he afterwards neglected surgery, which strictly rejects him.*" He seems, in fact, to have tried all the branches of the profession, since he kept a drug shop in the "Via Sacra," and, being thus an apothecary as well, he answers so exactly to the description of the general practitioners of modern times, as to deserve to be looked upon as their ancient representative. His commentaries on Hippocrates constitute his best claim to immortality.

At this distant period, it is not easy to award the exact meed of praise due to these famous men, principally because we do not exactly know the means of information open to them. It is quite certain, however, that the fundamental study of human anatomy was pursued by them with great zeal, no peculiar ideas of an after-life operating to deter them from it, as was the case with the Egyptians ; but to account for the labours of Hippocrates, a very advanced state of other branches of the science becomes necessary.

Some have explained their extensive knowledge of the structure and functions of the human body, by the power

* Cooper's Surgl. Dict., art Surgery.

they possessed of investigating them by "Anatomia Vivorum;" but though there is no doubt that this appalling privilege was occasionally resorted to, on the bodies of malefactors,* yet it would not be, in any way, sufficient to account for the amount of their knowledge, since, as has been well observed by Celsus, "it is not only cruel, but absolutely useless (incidere autem vivorum corpora, et crudele et supervacuum est)."[†] That the practice should, under any circumstances, however, have been tolerated, is quite sufficient to prove how extended was their license in the acquirement of anatomical knowledge, which might, therefore, have been seconded, or followed up, by practical experiments on the powers of certain remedies, on the persons of their worn-out slaves. Prior to the reigns of Hadrian and the Antonines, whose merciful edicts were extended to the most abject of the human race, the condition of the slaves in Rome was very pitiable. The most atrocious cruelties were exercised upon them, their masters having the power of life and death over them, and which power, Gibbon says, "was frequently abused." An example of the uses which these unfortunate beings were sometimes made to serve, in other places, and, therefore, one which bears somewhat upon the present question, is given by Burton, (who quotes from Seneca,) in his *Anatomy of Melancholy*. He says, "Parrhasius, a painter of Athens, amongst those Olynthian captives Philip of Macedon brought home to sell, bought *one very old man*; and when he had him at Athens, put him to extreme torture and torment, the better by his example to express the pains and passions of his Prometheus, whom he was about to paint."[‡] It is to be hoped, for the honour of human nature, that the example set by the torturer

* "Longeque optime fecisse Herophilum et Erasistratum qui *nocentes homines*, a regibus ex carcere acceptos, vivos inciderint considerarintque etiamnum spiritu remanente, ea, quæ natura ante clausisset, eorumque posituram, colorem, figuram, magnitudinem, ordinem, duritiem, mollietiam, lævorem, contractum." (Celsus de Medicinâ. Lib. i., p. 7. Almeloveen. Edit. 1713.)

[†] Ibid., p. 20.

[‡] Anat. of Melanch., p. 216, Edit. 16th.

of this "*very old man*," was not followed by the students of other professions.

But, however this may be, and whatever might have been the sources of medical knowledge in those times, the benevolent dissemination of its practical benefits, by the maintenance of public asylums for the sick and needy, was altogether unknown ; the ancient Romans, with all their vaunted civilisation, not being civilised enough for this. The noble ruins of their "*eternal city*" bear witness to its former grandeur only : there are stately temples to false gods ; sumptuous palaces, where tyrants ruled and revelled ; vast amphitheatres, wherein the human race were slowly butchered for the amusement of a ferocious populace ; and time-defying mausoleums, where the remains of their haughty patricians have ostentatiously crumbled into dust : but none which mark the sacred spirit of philanthropy—none which were raised for the relief of suffering humanity. It was in the train of Christianity, that such institutions sprang up, and in its train they continued to increase, wherever its doctrines were promulgated among men. The annals of profane history speak loudly of victories, of battles, and of triumphs : they abound with records of the dazzling achievements of arts in peace, and of arms in war : but the far more memorable, though less captivating deeds of universal charity, must be sought for among the records of Christian times. At the commencement of that sacred period, and for centuries after, the sick and maimed frequently stationed themselves, or were placed by others, in situations of great public resort, particularly the porticos and corridors of religious edifices, with the view of exciting the commiseration, and earning the assistance of the wayfarer, by the actual sight of their necessities. Many examples of this custom are given in the New Testament, which, however, for such an occasion as the present, it would savour of irreverence to quote : but that touching history of the man lame from his birth, who was healed by Peter and John, on their way to the "*beautiful gate*" of the inner temple of Jerusalem, will, perhaps, occur

to every one, since we read that this cripple was daily carried down by his friends to this particular spot, and was left there to receive the alms of those who entered or departed from the house of God. It was also a custom in the East to expose the sick and needy by the road-side, in order that the passers-by might see their infirmities, and, seeing, pity them ; whilst it not unfrequently happened, that a rude hut or temporary covering was erected over them by some kind Samaritan, which may, probably, be looked upon as the first humble approach to the Hospitals of later times.* The mere inconvenience of this practice, without any higher motive, would have been, of itself, sufficient to induce the wealthy to provide more suitable receptacles for these unfortunate creatures, and, in proportion as mankind were taught by Christianity, the value and obligation of this particular kind of charity, Hospitals were erected in various places. These asylums were, however, very different then, and for ages after, to what they are now ; as the word "Hospes" signified a stranger or guest, so "Hospitium" was intended to express a place for his reception, where rest, and "entertainment for man and beast," were provided for the weary pilgrim, who might be in want of either : they were, in point of fact, alms-houses, or what the French still call by the name of "Hospice," and where the medical treatment of the sick, except by nursing and kindness, was not even attempted ; this addition to their usefulness, or rather this total alteration of their original purpose, having become necessary, in the gradual change of manners consequent upon what is called civilisation, and the rapid increase of population.

The low state of medical knowledge, however, and the fantastical manner in which it was pursued, would, of itself, have been more than sufficient to render it impossible that the regulating system of those primitive asylums, should have even approached to that of the present day. The practice of the Healing Art was now, indeed, rapidly declining from its

* Tanner's *Notitia Monastica*. (Preface.)

original Grecian simplicity, and, instead of being based upon knowledge derived from the careful observation of nature, and the actual experience of the effects of remedies, it was governed by the fanciful theories and dogmas of the various sects, either "Solidists" or "Humoralists," who delighted in puzzling themselves, as well as their rivals, with all kinds of unanswerable questions, the successful elucidation of which, even if at all possible, was not, in the least, calculated to advance the noble science, which, created by Hippocrates, had been left to them and their heirs for ever ; but the riches of which, like thankless spendthrifts, they squandered away in various kinds of idle courses. Besides, this quarter of the globe, of which we are now speaking, was, for several centuries, the seat of incessant warfare, which distracted the attention of men from the mild arts of peace, and from all that tends to the advancement of learning. The successors of Alexander, weakened by intestine strifes, were, in their turn, despoiled of their possessions by the invincible arms of the Roman legions ; and Syria, with all of its proud cities, though often struggling with various success to throw off the yoke, remained a tributary province of the empire, and the frequent arena of its battles, till, in the seventh century, a worthy descendant of the great Cyrus again annexed it by force of arms to its original position, as a part of the Persian dominions ;* but only to prepare it for still greater dangers : for the invasion of it by the Saracens, which followed so quickly afterwards, enabled these enthusiastic followers of Mahomet, to plant the crescent in the very heart of Christianity, and learning, and the arts, and the delightful refinements of polished life, were alike overwhelmed in one common destruction.

With the irruption of these fanatics came the Arabian physicians, who, notwithstanding their proverbial character for wisdom, do not appear to have merited it, in this capacity. They were, for the most part, what may be called mechanical

* See Gibbon. *passim*.

practitioners, or experimental inquirers by analogy: knowing little of the healthy structure of parts, or of the symptoms of disease, they invented theories to express the one, and to explain the other; whilst, in conformity with the important mysteries they considered to be hidden in the laws of physical science, they reduced the human body to a mere machine, composed of springs and wheels, and other mechanical contrivances. They thus belonged to the school of "*Empirici*," founded by Serapion, and called so because their knowledge was said to be derived "*ab experientia*,"* which may, perhaps, be fairly translated as the art of guessing from experiments. The word did not imply, however, anything of disrespect, being used by themselves as peculiarly significant of the opinions they adopted, which Dr. Friend also observes originated in the East:—"Ideo *empirica* nominata est, semperque Indis, et Araribus exculta:"† whilst it is worthy of remark that the word empiric has descended to our own times to designate one whose practice is founded on mere vagaries of the imagination, without any real knowledge.‡ These men, then, after the Arabians had made themselves masters of a great part of the Roman empire, dug out of the ruins of a nation, the manuscripts of our primitive great masters, and by adding to them their own astronomical and astrological absurdities, which marred the elegant simplicity of the ancients, by a host of complicated conceits,

* "In usu et experimentis eam (medicinam) posuit." *** "Ex ipsa professione *εμπειρικούς* se appellaverunt." (Celsus de Medic. præfat.)

† *Historia Medicinæ*. p. 472. pars 2nda. [The original history of medicine, by Dr. Friend, which is written in English, could not be conveniently obtained, so that the above, and all other passages quoted from the work, are taken from a Latin translation of it by Dr. Wigan, which is to be found in the following edition of Friend's works—"Opera Omnia Medica Johannis Friend."—(Londini, 1733. fol.) This book is in the library of the Cathedral, and the present opportunity is gladly taken by the writer of this essay, to return his thanks to the Dean and Chapter for the liberality with which they have opened its doors to the public, and to the Sub-librarian, Rev. J. Stratton, for the kind assistance by which he renders the privilege available.]

‡ ["Empiricism" appears to have been originally applied, by the Greeks, to the art of divining by the agency of fire: a practice much in use among the Egyptians.]

handed down to posterity an immense number of voluminous compilations, under which the science groaned for many ages, and was well nigh stifled outright. That they did, in fact, derive their knowledge of Medicine from the Greeks and Romans, seems to be clearly ascertained : an unbroken series of Greek physicians, some of whose works have escaped oblivion, having been maintained in the empire down from the days of Galen ; whilst the immortal works of their predecessors were always more or less accessible. The destruction of the Alexandrian library, wherein the literary treasures of the Ptolemies were collected, although a serious loss to learning in general, did not, probably, retard the advancement of medical knowledge among its barbarous destroyers.* It was extant among them before this event ; whilst, afterwards, new sources of information were opened to them. It is also probable enough, as Friend suggests,† that some of the medical books escaped destruction on this memorable occasion, by reason of the profitable information they contained ; although this supposition is not necessary to account for the acquaintance with Medicine possessed by the Arabs ; indeed, he himself points out one of the ways in which it reached them : thus, he says, that the Emperor Aurelian, out of regard for his daughter ("filix suæ honorem tribuens"), who was married to Sapor, King of the Persians, sent to her capital several Greek doctors, who disseminated the art of Hippocrates in the East.‡ In the eighth century the science had so much advanced among them, that a school for clinical instruction, a hospital, and a college, were founded at Bagdad ; the renown of which was so great, that, at one time, there were said to be 6,000 savans resident there.§ It was, more probably, a great arena for scholastic disputations, than a place where Medicine might be practically studied, by the methodical visitation of

* The third destruction of this library by Amrou, the enthusiastic general of Omar, is here alluded to.

† Hist. Medicinæ. supra cit. p. 472, pars 2nda.

‡ Hist. Med. sup. cit.

§ Farre's History of Medicine, Med. Almanac, 1839.

the sick : at any rate, its professors do not seem to have enjoyed the confidence of their own people, since we read that Almanzor, King of Bagdad, A. D. 767, being grievously stricken with a sore disease, ("gravi morbo forte implicitus,") instead of applying to any of the 6,000 savans before referred to, sent for one Georgius Bachtishua, an Indian physician, a Christian, celebrated also for his skill in the Arabian and Persian tongues, who, at the request of the Caliph, translated many ancient books into those languages, for the benefit of the native doctors;* and from such sources it is, that the most celebrated among the Arabian professors, as Rhazes, Haly Abbas, and Avicenna, derived their stock of information.

It will be necessary now to turn our attention to England, where the history of Medicine, and, indeed, of nearly every other science, may be said to date from the period just referred to ; since, notwithstanding the memorable arrival of Augustine with his followers, and the unspeakable benefits which, in time, resulted from their labours, learning was almost unknown there, even among the higher classes, until the reign of Alfred was drawing to a close, with the end of the ninth century. The invasion of Britain by the Romans (A. D. 55), and their continued occupancy of at least its southern parts, till the commencement of the fifth century, though not failing ultimately to impress a favourable change upon the manners and customs of the subjugated barbarians, tended, at first, rather to enervate than to civilize them. They quitted the wild freedom of their woods, to dwell in towns, as the domestic slaves, or to become the agricultural servants of their conquerors ; and, growing gradually habituated to the change, and indolently satisfied with the protection afforded to them against their yet unconquered brethren, the Picts, the degenerate descendants of Cassibelaunus and his warriors insensibly lost the habits and capacity for war ; so that, when

* Friend. Hist. Medicinæ. loc. cit.

finally left by the Romans to take care of themselves, they were not able to make any effectual resistance against the attack of their Northern foes, who were not slow to take advantage of their defenceless condition ; and, in this emergency, thoughtlessly applying for the assistance of a band of Saxon pirates, who had recently landed on their coasts, during one of their roving excursions, speedily drew the attention of these dangerous allies at once to their wealth and their weakness, and paved the way to their own destruction. With this event, began the Saxon ages of England, marked throughout by the incessant strife of the several rival states, until Egbert, by the conquest of Mercia and Northumberland, brought the whole kingdom under his own government, and established the English Monarchy, upon the ruins of the Saxon Heptarchy. Then came the fierce Northmen, or Danes as they are usually called, who, descending upon our unguarded coasts, soon spread into the interior, and continued at various intervals, and under different chiefs, to pillage and distract the wretched country, until nearly the end of the reign of Alfred, more deservedly called the Great, on account of the encouragement he gave to letters, to the arts, and to the social refinements of civilised life, than for his unparalleled deeds of arms, although he is recorded to have fought fifty-six pitched battles during the course of his life.*

From this constant succession of masters, established by force of arms, and in a country, too, only recently emerged from a state of actual barbarism, the arts and sciences could not make much progress, even among the immediate disciples of those who originally introduced them. So much, indeed, was this the case, that even when Alfred came to the throne (the possession of which was for several years little more than nominal) we have his own declaration to the effect, that, "there was not, so far as he knew, one priest to the south of the Thames, who understood the prayers of the common

* See Lives of Eminent Englishmen, vol. i., p. 34.

Church service, or could translate a sentence of latin into English :''* and this is the strongest possible proof of the general dearth of knowledge, since, if the clergy had it not, it were vain to expect it among the other classes of society.

The monastic establishments, founded in various places by Augustine and his zealous followers, in furtherance of the religion they were commissioned to teach, became, however, in due time, the fertile cradles of various learning, which was not only confined to the foreign monks, but which extended, often with increased lustre, to their Saxon pupils, of whom Aldhelm, Bede, and Alcuin, may be cited as notable examples. It was to these establishments, where, during the strife of the early Saxon ages, what little remained of Roman literature in the land was fostered, that Alfred applied for scholars and philosophers, to assist him in his noble scheme of national instruction ; and if the call had been answered by Asser alone, it would have afforded good evidence of the extensive learning contained in them. It is, in fact, to the monasteries and their inmates, that posterity is indebted, not only for the curious historical records of those times, but also for the dissemination of the rudiments of that knowledge, which has made such rapid strides in our own : the monks, and especially those of rank and distinction, did not limit their exertions to the conversion of the pagan idolator, (although this was their grand object,) but they became teachers of the arts and sciences also. In the "renowned schoole of Adrian," at Canterbury, (Kent being a nursery for scholars, whilst the rest of the country remained in utter ignorance,) the ancient languages of Greece and of Rome were publicly taught by the Archbishop Theodore himself, together with mathematics, astronomy, logic, rhetoric, poetry, and music : and in which school, we are told, that many of the scholars attained to great proficiency in several of these branches of learning.†

Amidst these various occupations, the study of Medicine

* Letter to the Bishop of London, prefixed to his translation of the "*Liber pastoralis curæ*" of Pope Gregory.

† See *Lives*, &c. Vol. 1.

was not forgotten, although necessarily pursued in a very imperfect manner. Throughout the whole of the Saxon ages, even the *art* (as distinguished from the *science*) of Medicine was at a very low ebb, being, perhaps, but little removed from that primitive state wherein the wives and daughters of warriors were obliged to be the only practitioners of it, and in that capacity to wash and bandage wounds without fear or compunction, as a necessary part of their domestic duties. This was, no doubt, the practice among all savage warlike nations, and Tacitus declares it to have been that of the ancient Germans, from whom our Saxon hordes were descended, and who, it is clear, but very slowly improved upon the habits of their ancestors, in this respect. On all great occasions, however, as well as in cases of urgent or obstinate disease, the clergy were applied to for the cure; but they seem never to have employed those mere human means of relief, the successful application of which is so characteristic of an advanced state of medical art, and which, indeed, were generally exhausted before they were "called in;" but to have trusted entirely to their prayers, to the administration of holy water, and to other religious ceremonies, in the employment of which, for medical purposes, their success was considered to be proportionate to their sanctity. In the life of the great Saxon saint, Cuthbert, written by the "Venerable Bede," we meet with a good example of this mode of treating the sick; one "Hildmer," a præfect, is dangerously ill: all kinds of clerical leeches (*laici sed religiosi*) have already attempted his cure; his friends have taken leave of him; he is at his last gasp; when the healing powers of St. Cuthbert (who had previously rid the wife of the patient of an unclean spirit) are thought of, and one of the monks having still in his possession some fragments of bread, and a portion of water, which had been blessed by the saint on a former occasion, proposes that their efficacy should be tried on the sick man; not doubting, he observes, that their sanative virtues will be again manifested, if not spoiled in the present instance, by a want of faith. They are, accordingly, administered, and effect his instant

recovery, as described in the following words :—"Cujus statim ut viscera gustus ille aquæ per panem sanctificatus attigit, fugit dolor interaneorum omnis, fugit exteriorum tabitudo membrorum."* This not unnatural opinion of a rude age, that the prayers of holy men might prevail against bodily suffering, when no direct means of relief were known, was probably the first cause which excited ecclesiastics to the study of Medicine. As time rolled on, the classical learning of the monks enabled them to read the works of the ancient authors on this subject, whilst their acquaintance with the necessities of the people, derived from familiar intercourse with them, urged them to attempt to turn to account the information they gleaned from these sources; which, when improved by experience, was probably attended with good results. In proportion, however, as the errors of the Romish Church increased, and the performance of its rites continued more and more to depart from the practice of the primitive times, its members found it necessary, for their safety, to make a mystery of their doctrines, and, by concealing the truth, to claim for themselves powers and attributes, which were quite inconsistent with the principles of that holy religion, they were so solemnly enjoined to propagate. In order to retain their acquired mastery over men's minds, they began to monopolise every kind of learning, by which the people were driven to depend upon their advice and assistance in all their necessities; and, of course, the opportunities and advantages to be gained by practising on the sick being too evident to be overlooked, the monks soon became the only practitioners of the Healing Art. That the little good their very imperfect knowledge was sometimes able to effect, was frequently prevented by a superstitious reliance (whether real or pretended) on the efficacy of the contact of holy relics, or in the performance of a pilgrimage to the shrines of departed saints, may at once be conceded; that their most celebrated

* Vita S. Cudberti. Ven. Bedæ Oper. Hist. (Josepho Stevenson) Londini, 1841. Tom. 2dus. cap. xxxi.

cures, were either gross impositions, or the effect of religious excitement acting upon a highly exalted imagination, is also not to be doubted : but since this union of Physic and Divinity really did exist, and since ecclesiastics did practice both Medicine and Surgery as a regular part of their vocation, it is necessary, for the elucidation of the present subject, to give a brief history of this remarkable connection, the traces of which are evident even at this day."*

To those of the present age, who have been long accustomed to look upon the practitioners of Medicine as a distinct body of men, necessarily separated from the other classes of philosophers by the peculiar nature of their pursuits, the origin of this connection may not be immediately apparent ; it is, nevertheless, very easy of explanation. Ecclesiastics were not only the first, but were also, for many years, the only possessors of learning in England ; and the art of Medicine, or, more properly, the practical knowledge of some of its powers, being pursued by them as one of the acknowledged departments of general science, its practice, founded on such researches, became necessarily confined to them, as the only persons who knew anything about it ; whilst the advantages, before hinted at, as arising from it, induced them to retain the custom long after bigotry, superstition, and selfishness, had prevented them from rendering it really useful to others. Indeed, as will be seen hereafter, they clung so tenaciously to the remnant of their medical privileges, as to be very unwilling to surrender them, when the progress of time, and the increased necessities of the people, had called into existence a number of secular competitors, who, from their studies having been mainly directed into this one particular channel, were better calculated to obtain the confidence of those whom sickness urged to seek for relief. But, however this may be, the ecclesiastics were practitioners of Medicine from the period when Augustine first promulgated the doctrines of Christianity

* Thus the Archbishop of Canterbury retains the privilege of conferring the degree of Doctor in Medicine.

in Britain,* to the time of the Reformation ; whilst, even afterwards, they continued to exercise considerable control over its genuine professors.

During the ten centuries which rolled away between these two memorable events, the domination of the Church of Rome was characterised here, as everywhere else, by the institution of those religious houses† which, though at once the source and the evidence of its colossal powers, were also, in the end, the main cause of its downfall. The records of these monastic establishments, written by the inmates themselves, furnish ample proof that the duties of the physician and the theologian were very early united ; though it is also pretty evident, that the former were at first only subservient to the interests of the latter. In course of time, however, as the physicians began to deserve their names by a regular course of training, and a special attention to their particular science, they also began to be considered apart from their ecclesiastical functions, although continuing to be among the clergy, and to be subjected to the same restrictions. Thus, neither Doctor nor Bachelor of Physic was allowed to marry, after the dogma of celibacy was imposed upon the Roman Catholic

* Historians agree that Christianity was *introduced* into Britain even so early as the Roman ages of its history : but, whether by the Apostle Peter, as Baronius positively asserts, or by James, as Archbishop Usher thinks probable, or by St. Paul himself, according to Dr. Burgess, is no subject for discussion here. Whoever may have been the proto-evangelist of Britain, it is certain that Augustine deserves to be looked upon as its first Christian teacher ; since, though the leading doctrines of Christianity may have been partially known in the island for centuries previous to his arrival, there were few, if any, who retained more than a faint remembrance of having heard of them, and none who fairly understood the great truths of the Gospel.

† The Monastic life seems to have been invented in the East, for the purpose of affording protection against the persecutions which characterised the early ages of the Gospel. It did not, however, reach Rome till A. D. 340, whilst it is generally believed, that no monasteries were founded in Britain until the time of St. Patric, who, after his conversion of the Irish, established the famous one at Glastonbury, which William of Malmesbury declares to have been the oldest he knew of. (See Tanner's "*Notitia Monastica*," preface.) An obscure monkish writer, mentioned by Tanner, declares that Austin found Monks in St. Saviour's Church, at Canterbury, when he arrived there : a statement which would, probably, have met with no opposition, if he had written Anchorites, instead of Monks.

priesthood ; but since they continued to hold many of the richest benefices,* and gradually to acquire interests and ties distinct from the other ecclesiastics, the partnership was deemed no longer desirable, and the Romish Church, after having attained to the plenitude of its power, set about the means of dissolving the now unnecessary connection. In 1131, " Prelates and Archdeacons " were forbidden by the Synod of Rheims, under pain of excommunication, to practise Medicine, and this injunction was repeated by various councils down to the end of the 13th century,† at which time the wily and ambitious Church of Rome had succeeded in its grand object of placing every kind of ecclesiastical property in the hands, or at the disposal of, its own regular theologians. The injunction, however, did not extend to the " inferior clergy ;" for " deacons, sub-deacons, and monks," were still allowed to practise Physic, provided that they did not shed blood ; which condition was hypocritically annexed to the continuation of the privilege, from a pretended reverence for the dogma, " Ecclesia abhorret a sanguine." Deprived by this order of the power of performing the most simple operation, even that of phlebotomy, the priestly physicians, now reduced to a much smaller, and probably to a less learned, class, were obliged to instruct others in the chirurgical parts of their profession : and these assistants, after receiving directions where and how to cut, from their superintending masters, performed all those operations, in which a division of parts by the knife became necessary, and thus the practical separation of the profession into Physicians and Surgeons originated, although it was long before the latter enjoyed any independent powers, whilst even until the time of Ambrose Paré, who may be justly styled the Hippocrates of Surgery, this noble branch of the art had very little pretensions to the name of a science.

But the association of Physic and Theology in monastic

* Physicians held church livings even so late as the commencement of the 18th century, though they were then chiefly sinecure appointments, and required no clerical duties.

† Farre's Essay, p. 134.

times, is more particularly connected with the present subject, on account of the *Hospitals* which were then first established, and it is this connection which has rendered the foregoing remarks necessary. When Christianity spread from the Holy Land into distant countries, the customs of its early followers, as well as the doctrines of it, were transplanted together, and thus the Hospitals and Alms-houses, which were always attached to religious houses, or at least dependant upon them, were introduced into this country. A great number of these asylums were soon founded, therefore; but, like the "*Hospices*" of the present day, they were only receptacles for "the halt, lame, blind, aged, and infirm, where the sick were not treated medically, but merely taken care of."* Still there were *Infirmaries* also, one of which was always attached to every great Monastery—not, however, for the benefit of the sick poor in general, but only for the use of the Monks themselves, who were removed to it when illness prevented them from performing their duties. Among the decrees issued by Lanfranc, for the regulation of the Benedictine Monasteries,† there are very minute directions as to the manner in which the business of the "*Infirmary*" is to be conducted: it is there evidently considered as a portion of the Monastic household, a place set apart for the special wants and purposes of its own proprietors, no allusion being made to the admission of strangers to participate in its advantages. This class of *Infirmaries* was, then, in fact, the private sick wards of the Monastic establishments, and were under the control of an officer termed "*Infirmarius*," who seems to have been merely a nurse, and never to have acted in the capacity of medical attendant: thus, his duties were to administer the food of the patients with his own hands;‡ to sprinkle each of their beds with holy water after the "*completorium*," or midnight devo-

* Farre's Essay.

† Lanfranci Opera Omnia, Paris 1648.

‡ Decreta pro Ordine, S. Benedict. c. ix. (op. cit.)

tions were over;* and to report to the "Chapter" any misconduct, or neglect of religious observances, on the part of those committed to his care.† It was also his duty, "*cum perceperit infirmum jam esse prope finem suum,*" to prepare for washing the corpse; to provide the coffin; to attend the funeral; and, the body of the dead brother having been removed from the monastery, to clean out his berth, and to strew it afresh with straw or rushes, as the case might be.‡ ("*fæno vel junco renovari faciat.*")

Infirmaries, *properly so called*, soon arose, however, from the benevolence and munificence of the Churchmen, and it is probable, that the earliest one, of which we have any account, was built at Canterbury, by Gundulf, "a Monk of pious memory," in the reign of William the Conqueror. From Eadmer's description, this Hospital seems to have approached, in many essential points, to the character of those of modern times: thus, it was constructed for the separate accommodation both of males and females, *affected with various kinds of diseases*: it was supplied with proper attendants, who regulated the food, and gave out the clothing of the patients; whilst its continual maintenance was ensured by the gift of an extensive estate, or landed possessions, by way of endowment.§

* Decreta, &c. sup. cit.

† Ibid.

‡ Ibid.

§ Dr. Farre, in his learned Essay on the History of Medicine, before referred to, when speaking of this event, says, that the "building was handsome and spacious, with several smaller dwellings, and a spacious court:" but these last words, very imperfectly, as I think, convey the meaning of Eadmer, and I have, therefore, ventured to translate them in a much more extended sense, which, whilst it gives far more importance to the Hospital itself, affords also a greater proof of the generosity of its founder: it may be as well, however, to transcribe the entire passage, which is as follows:—"Extra Aquilonalem denique portam urbis illius, lapideam domum decentem et amplam construxit, et ei pro diversis necessitudinibus hominum, et commoditatibus, habitacula plura *cum spatiosa curte adjecit*. Hoc palatium in duo divisit: viros videlicet variis infirmitatum qualitatibus pressos uni parti vero alteri feminas se male habentes, instituens." (Eadmer. Historiæ Novorum. Lib. i., p. 9.) The question turns, then, upon the meaning of the word "Curte," which, I think, is here intended to express much more than a mere "court." The word "*Cortis*," or "*Curtis*," according to Ducange ("*Glossarium ad Scriptores mediæ et infimæ latinitatis*," Parisiis, 1733.) implied "atrium rusticum, stabulis et aliis ædificiis circumdatum," which

The same charitable ecclesiastic built also several wooden houses on the slope of a hill, beyond the western gate of the city, to serve as an asylum for lepers ;* and this example was followed by others, in various ways, with more or less approach to a proper medical discipline, until the suppression of religious houses in England put an end to the domination of the Romish Church, when their Hospitals for the sick, sharing for a time in the evils which befel all kinds of monastic institutions, soon revived, under far better auspices, amid the general improvement which followed the establishment of Protestantism in England.

But there was yet another class of receptacles for the sick in these monkish times, the history of which is closely connected with the rise and progress of Hospitals, in our own : viz., the "*Lazar Houses*." The remarkable disease, formerly known by the name of "Leprosy," and for the seclusion of persons affected with which Leper Houses were provided, prevailed, very extensively, over all the continent of Europe, from the tenth to the sixteenth century ; but is now almost entirely unknown, as a native endemic disease, in any part of it. It is a malady of the very highest antiquity, frequent mention being made of it in the Old Testament, where we learn that the Israelites suffered from it, during the whole term of their captivity : whilst, on quitting Egypt, they are said to have been subject to three different kinds, "all of which were highly contagious, and rendered those affected

is nearly the meaning assigned to it by Dr. Farre ; and which, no doubt, corresponded with that kind of enclosed court yard, which is described in old law books, and some of our old statutes, under the name of "*Curtilage*." But the same authority also declares it to have been used by the writers "*inferioris ævi*," to signify a farm, or rural dwelling place ("*villa, vel rustica habitatio*," &c.) comprehending *land*, with labourers and servants to till it, and every thing else appertaining to agriculture : whilst, further on, he refers to Lindwood ("*ad Provinciale Cantuar. Ecclesiæ*." Lib. iii., Tit. 16), and describes Curtis as "*Mansio vel manerium ad inhabitandum, cum terris, possessionibus et aliis emolumentis, ad tale manerium pertinentibus*:" and considering the particularity with which the thing is mentioned, in the text, it is not improbable that Eadmer intended it to have this latter signification.

* Eadmer. Hist. Nov. loc. cit.

with them, unclean, and dangerous to society.”* The disease is certainly of Eastern origin, though at what period it was introduced into Europe, has not been ascertained; but it is likely, that when the nations of the East were forced to succumb before the arms of the Roman legions, the conquerors carried this scourge of the vanquished to their own country,† whence it spread through Italy and France, to the shores of England. Some historians‡ declare it to have been introduced into this country, at the period of the first Crusade, through the medium of the soldiers of the Cross, on their return from this profitless expedition: it is quite certain, however, that the disease existed in Europe, and even so far westward as England, before this religious mania had driven its chivalrous fanatics from this country, for there were Leper Houses in the reign of William the Conqueror;§ one of which has been already mentioned as built by Gundulf,|| before the death of Lanfranc (A. D. 1089), at least seven years prior to the first Crusade. In France and Germany, St. Ottamar and St. Nicholas founded establishments for its treatment, towards the end of the eighth century;¶ whilst, in the former country, the malady had become the subject of legislative enactments, so early as the year 757, when, in a parliament held by King Pepin, at Compiègne, it was settled that the existence of leprosy, either in the husband or wife, should be considered a sufficient cause of separation,* * and that the sound party might re-marry: whilst Lobineau,†† in his History of Brittany,

* Millingen's Curiosities of Medical Experience, vol. i., p. 311.

† Pliny gives an account of a curious form of leprosy, affecting the chin, and hence called “Mentagra,” which raged at Rome in the second century, and was found to be so intractable as to cause the authorities to send to Egypt for medical advice, on the supposition that they, among whom it was most frequent, would best know how to treat it. (Nat. Hist. Lib. xxvi. cap. 1.)

‡ Fuller's History of Holy Warre (1647), p. 254; and Heron's Gen. History of Scotland, vol. ii., p. 266.

§ Briggs (Hist. of Northampton, vol. i., p. 363) alleges that the Leper House of St. Leonard's was in existence before the year 1087.

|| See ante page, 26

¶ Millingen. loc. cit.

** Rueland Hartmann's Collectio Conciliorum Illustratorum (1675). Tom. iv., p. 100.

†† Histoire de Bretagne. Paris 1747. Tome i., p. 204.

gives a striking proof of the prevalence of the malady, and of the frequent divorces arising from it, by stating that in the city of Dol there was a great number (*quantité*) of husbands, among the higher ranks, who had as many as three wives living at the same time.* It is evident, therefore, that the Crusaders did not introduce the disease into Europe, how much soever they may have assisted in its dissemination, by their frequent intercourse with the infected Orientals; and if it be denied (as it is by some) that the disorder was contagious,† they could have had nothing to do with its propagation, even in this secondary manner.

The exact nature of the leprosy of the middle ages, and whether it was identical with that of Scriptural times, or with the disorder described by the Greek physicians, under the name of "Elephantiasis," has been a fertile source of discussion among modern writers on the subject :‡ for, whilst it is pretty clear that the Hospitals, built for the seclusion of lepers, were not exclusively surrendered to their use, it is also probable that many of the sufferers, condemned as leprous, and confined in them accordingly, were, in reality, the subject of some other chronic cutaneous disorder. This appears likely from the description given in the records of these establishments, of the duties and avocations of the diseased inmates, who, if really laboring under a bad form of leprosy, would not have been able to perform them; whilst the difficulty of determining

* [This statement would lead to the inference that the malady was more frequent among females, than among males; which is the reverse of the fact. The "husbands" spoken of in the text, are described as being of the "higher ranks," and who might, therefore, not find it difficult to get rid of their wives, on a *pretended* charge of their being leprous.]

† The most recent author on leprosy (Dr. Schedel of Paris), says, "*Lepa tuberculosa is not contagious*, but it appears to be hereditary, though not necessarily so." (Tweedie's Library of Medicine, vol. i., p. 419). All our historical facts, in relation to the disease, are opposed to such an opinion, however, and so are most of the great medical authorities: thus, Cullen says, "Elephantiasis" (i. e. Græcorum) "is a contagious disease," &c., ("*morbus contagiosus, cutis crassa*," &c.) Synopsis Nosolog. Method. 1772, p. 369; whilst Willan, Bateman, and Good, give a similar description of it.

‡ See Dr. Schedel's enumeration of the synonyms of leprosy, in the Library of Medicine above referred to.

what was really leprosy, and what was not, renders it still more probable that mistakes were often made on the subject.* Even if the path of inquiry had been clear before us, it would still have been no easy matter to ascertain, now-a-days, the minute characters of a disease, which disappeared, at least, from the southern parts of the continent of Europe, so long ago as the sixteenth century, and which, during the period of its prevalence, was so mixed up with superstitious notions, and religious observances, as to embarrass the plain matter-of-fact researches of the practical inquirer: but the difficulty was rendered still greater by the changes which have, at various times, occurred in its nomenclature, different appellations having been applied to it in different places, often with so little judgment as to cause several other diseases to be confounded with it.

Aretæus, and the later Greek writers, are considered to have minutely described the disease under the name of "Elephantiasis," so called because it was "disgusting to the sight, and terrible in all respects (est visu fœdus, et in omnibus terribilis), like the beast of the same name."† This was the "Elephantiasis Græcorum," and the Arabians copying the name, without regard to the disease it signified, applied it under the term of "*Das fil*," or elephant disease, to the tumid leg of

* [This was more particularly the case, when the malady began to decline in England, where it is likely that Siphylis, a new disease in the 16th century, was not unfrequently confounded with it. There is, in fact, great reason to believe that the word leprosy was often used in a generic sense, including under it many different varieties of cutaneous affections; and that many persons were condemned as leprous (whether designedly or from ignorance) without that due regard to the "*signa equivoca vel univoca*," so strongly insisted upon as essential to its diagnosis by Petrus de Argelata (*Chirurgiæ libri sex*. Venet. 1533. Lib. v., p. 23), and other medical authors of the middle ages. Most of the romance writers, who have found occasion to introduce leprosy as a part of their machinery of horrors, speak of the diseased part as being white and bald, or covered with white shining scales. There was, in fact, such a form of the malady, which, among the Hebrew tribes, was distinguished by the name of "*Berat Lebena*, or bright white spot." (Vid. Millingen. loc. cit.) This characteristic whiteness of the part affected, is very impressively made known to us, by the Old Testament, where (*Exodus*, chap. iv., v. 6) the hand of Moses is described according to our English version, as suddenly becoming "*leprous as snow*."]†

† *De Causis et Signis Morborum*. (Leipsic edit. of 1735.)

Barbadoes, or the "Cochin leg" of modern pathologists (a disease entirely unknown to the Greeks), whilst they called the real Greek Elephantiasis by the Arabic terms *Judam*, or *Juzam*, a corruption of which word is still used to signify Leprosy, both in Arabia and Persia.* Then the latin translators of the Arabians further confused the matter, by continuing to describe the *Das fil*, or Cochin leg, as synonymous with Greek Elephantiasis, whilst the real disease referred to under that appellation by the Greek physicians, was changed into "*Lepra*," a term only applied by them to the scaly diseases of the skin, as "*Lepra vulgaris, vel squamosa*."

Professor Sympton, of Edinburgh,† has carefully examined this complicated matter, and has come to the following conclusions upon it, which seem to be justified by the arguments he adduces: 1st.—That the leprosy of the middle ages was identical with the Elephantiasis of the Greeks. 2nd.—That the *Das fil*, or Elephantiasis of the Arabians, was nothing more than the Cochin leg of modern pathologists, and had nothing to do either with Greek Elephantiasis, or with tubercular leprosy. 3rd.—That the "*Lepra*" of the Arabians, or rather of their latin translators (*Lepra Arabum*), was identical with the Elephantiasis Græcorum, and therefore with leprosy.

He proves his first points by quoting the descriptions of the disease, given by various authors, who were eye-witnesses of it, from the thirteenth to the sixteenth century, and whose accounts exactly correspond with those given of Elephantiasis by the Greek physicians:‡ whilst the others are shewn to be matters of fact, easily deducible from a careful consideration

* Pinkerton's collection of Travels. vol. x., p. 170.

† See the Edinburgh Med. and Surg. Journal, vols. 56 and 57. The essay is entitled "Antiquarian notices of Leprosy and Leper Hospitals in Scotland and England," by James Y. Simpson, M.D., Professor of Midwifery, in the University of Edinburgh.

‡ See Essay in the Edinb. Med. and Surg. Journal, vol. lvi, p. 476.

of the manner in which the nomenclature of the disease became changed and mystified.

It has been already stated that leprosy disappeared from England in the sixteenth century, but even at the time of the suppression of the smaller religious houses, in the reign of Henry Eighth, the malady had become very unfrequent, since many of the Leper Hospitals are then reported to have been wanting both in patients and revenues.* In Scotland, however, particularly the northern parts, and in the islands running north from the mainland, it continued to prevail for more than one hundred years later, to such an extent, that a Hospital was built for its victims at Greenside (then a suburb of Edinburgh) in 1591, where there is evidence of lepers having been maintained so late as the year 1693.† The island of Papa also had its lepers in 1740,‡ and in 1748, there was a man, (a native of Shetland) in the Edinburgh Infirmary, affected with real tubercular leprosy,§ who was probably the last leprous person in the three kingdoms, of whom we have any authentic account, though examples of it are to be met with in Norway, Sweden, and Iceland, where it is still looked upon as hereditary :|| to return, however, to our more immediate subject.

From whatever source the malady may have sprang, it became so prevalent in England during the period of the Crusades, that it was found necessary to attempt to check its further inroads, and thus Hospitals, for the reception of lepers,

* The Leper Hospital, established at Ilford, in Essex, in the reign of Henry II., is thus spoken of in one of the reports of the commissioners for suppressing colleges, &c., though founded, "*to find thirteen pore men beyng lepers, two pryests, and one clerke, thereof, there is at this day but one pryest, and two pore men.*" (Monasticon Anglicanum, 2nd edit., vol vi., p. 630). Again, the great Leper Hospital of St. Mary Magdalen, at Ripon, in the time of Henry VIII., contained only two priests and five poor people to pray for all "*Christen sowles.*" (Monast. Anglic., vol. vi., p. 620.)

† See Professor Sympsen's Essay, before referred to.

‡ Ibid.

§ Ibid.

|| Ibid.

under the jurisdiction of the Church, became very numerous.* The regulations of these institutions expressly forbade any intercourse of the inmates with the healthy part of the community: they were allowed, however, even to intermarry with their fellow sufferers, though the offspring of these marriages were looked upon as outcasts, and seldom even baptised. Notwithstanding, however, the odium attached to the victims of this "*loathsome malady*," they were held in high respect and consideration; more, perhaps, from the force of superstition, than from any real sympathy with their sufferings, which it was customary to look upon as a "*proof of holiness*," and to such an extent, that not only were lepers exhorted to esteem their affliction as a blessing conferred upon them, as the elect of the land, but hypocrites were not wanting, who *professed* a desire to be *favoured* with a similar one. It is neither difficult to understand how this peculiar notion of the sanctity of leprosy originated, nor why the Church should have taken pains to fortify it. The idea that the disease was of a sacred nature, probably arose from its prevalence in the Holy Land, and from its having particularly attacked those who fought there for the recovery of the "Holy Sepulchre:" whilst it was evidently the interest of those chiefly concerned in the success of this remarkable undertaking, to provide, in some measure, against a misfortune, which shut out the sufferers from the pale of society; and which, without such provision, was calculated to deter many from joining the armies of the Cross, when unprotectedly exposed to an evil, more to be dreaded than the swords of the infidels. The Church, therefore, took all lepers under its especial care, provided for their wants, rendered them of consequence in the state, even

* These institutions were not intended for the medical treatment of the malady, however, but merely for charitable or hygienic purposes. Indeed, the cure of the disorder was never attempted, except by witches in the form of old women, who often got burned for their pains; and since the remedy they recommended was a "*bath of infants' blood*," their punishment scarcely excites our pity. Millingen (*Curios. of Med. Exp.* vol. i., p. 312) states that the Sovereigns of the East *had the privilege* of employing this means of cure, if attacked with the disease, and that it was considered effectual!

though depriving them of many of its privileges, and quieted their complaints in flattering their vanity, by styling them, in conformity with the religious fanaticism of the age, "*Pauperes Christi, morbi beati Lazari languentes.*"

The first Hospital founded in the East, for the repose of these unfortunates, *as well as for other indigent pilgrims*, was built at Jerusalem, during the first Crusade, by some English monks, in honor of St. John the Baptist, whom they took for their patron. In this institution certain pious and charitable brethren were constantly employed "in relieving and refreshing, with necessary supplies, the indigent and diseased."* But when this city became the metropolis of a new kingdom, the revenues of the Hospital were so prodigiously increased by the liberality of several princes, and the pious donations of such opulent persons as frequented the holy places, that they far surpassed the wants of those whom they were designed to relieve. Hence, Raymond du Puy, ruler of this charitable house, offered to the King of Jerusalem (Baldwin II.), to make war on the infidels at his own expense, seconded only by the brethren of the Hospital then under him.† The offer was accepted, and under the title of "*Knights of St. John of Jerusalem,*" or "*Knights Hospitallers,*" the world suddenly saw a community of peaceful religious persons changed into a valiant, hardy, and disciplined band of warriors, whose famous military order continued to be the great bulwark of Christianity for several successive centuries.

But, even amidst the excitement of a perpetual warfare, the acrimony of which, perhaps, never had a parallel, their original object, though merged in the greater one of opposing the inroads of the infidels, was never entirely forgotten. In their commanderies, both at home and abroad, their primitive character, as *Hospitallers*, was not lost; one division of the brotherhood being always occupied in deeds of religious

* Mosheim. Eccles. Hist. p. 560.

† Ibid.

charity, particularly that of affording shelter to the houseless pilgrim ; and though, after their expulsion from the East, the number of their institutions for this purpose has, by a strange mistake, been much overrated,* it is certain that the good they effected in this manner was very extensive. That a preference was shown to those applicants who were really *pilgrims* (i. e. who had visited the Holy Land), is more than probable, since, by the fundamental laws of the fraternity, such persons had a positive claim upon their bounty ;† but that this was the *only* class of indigents who received it, is neither consistent with history nor common sense ; so that it is difficult to account for the peculiar animosity displayed by the rebel mob towards the institutions of St. John, in the riots of Richard II., unless we suppose that the wealth of the Hospitallers had made them so powerful in the state, and so mixed up with the direction of its affairs, as to cause the populace to look upon them as their chief oppressors ; and that the mere possession of riches being considered as a crime in their eyes, with the blind fury which characterises ignorant men, unexpectedly put into a condition to retaliate, induced them to wreak a heedless vengeance on all who were in authority, without regard to the hand that fed, or the hand that struck them. The energy and well-directed efforts of the Hospitallers, however, quickly enabled them to re-build the commanderies and priories, which, during this revolutionary

* A recent author, on this subject, says, " Matthew Paris computed the number of *Hospitals*, in Christendom, at 19,000" (Farre's Essay, Med. Almanac. p. 129) ; but this is a mistake. The chronicler is speaking of the relative possessions of the Hospitallers and Templars, and says, with respect to the former, that they had, in that year (1244), 19,000 *manors* in Christendom ; his words being, " habent insuper Templarii in Christianitate novem millia *maneriorum* ; *Hospitarii vero novemdecim.*" (Matth. Paris. Hist. Angliæ, Londini, 1640, p. 615.) Gibbon, in one of his notes to the " Decline and Fall," (chapter 58,) notices the passage, and comments on the higher import of the word "*Manerium*," in the English, than in the French idiom : thus "*Manor*," is a lordship, but "*Manoir*," merely a dwelling.

† The " Knights of St. Lazarus," who were a branch of the Hospitallers, were obliged, on their admission, to swear upon the Holy Evangelists, *inter alia*, " to exercise charity and works of mercy towards the poor, and particularly lepers (et particulièrement les lepreux)." Touissant de S. Luc. Hist. de l'Ordre de Notre Dame, &c.

rage, had been burned to the ground : but the unceasing endeavours of the Turks, to dispossess them of their stronghold at Rhodes, soon demanded all their means of resistance, and began to exhaust even their large resources ; and with the fall of this celebrated fortress, their importance began to decline. No reverses, however, could damp the ardour of these monkish warriors : driven from place to place, they, at length, found a refuge in the island of Malta, which was conceded to them by a grant from Charles V., and whence they were soon busy again in planning new expeditions against their ancient foes. But their downfall was now at hand ; a more powerful enemy than any they had yet had to contend with, arose in the person of Henry VIII., who struck the decisive blow against them, by suppressing their order in England ; and the history of the Knights Hospitallers “ ended like a shepherd’s tale.”

This act of aggression on the part of Henry, however, did not arise from any particular ill-will towards the order itself, but was merely a part of that system of confiscation carried on with respect to all Church possessions, which characterized the latter half of the reign of this despotic monarch, and without which (however individually unjust), the *Reformation* could not have been achieved. It has been already said, that the general seizure, by the Crown, of all ecclesiastical property connected with monasteries, at this epoch, involved the Hospitals, as part and parcel of these establishments, in one common ruin ; and for this reason, only, it would be requisite to dwell a little upon the event. But when to this is added, that the system on which the Hospitals of the present day are conducted, arose out of the civil and religious changes which then occurred, this particular event in history becomes so intimately associated with the present subject, as absolutely to demand a special notice ; and, more particularly when, in pursuance of the theme itself, it is necessary, at least, to mention some of those

general improvements, which paved the way for the memorable revival of the *science* of Medicine in the seventeenth century.

It is customary, with those who forget the numerous examples offered in history of great events springing from small causes, or to whom the growth and progress of the opinions which give rise to political changes are imperceptible, because slow and gradual, to look even upon the Reformation as an event of almost accidental occurrence ; arising, in fact, suddenly out of the excited passions of Henry, who could not bring himself to acknowledge even a spiritual superior, when that acknowledgment interfered with the exercise of his own despotic will. It is, indeed, probable that the Reformation might have been *delayed*, if no opposition had been offered to the divorce of Henry and Catherine, by the Papal See, since Henry only began to dispute its authority, when it became irksome to him, and when opposed to the gratification of his unbridled appetites. He renounced the Pope, because it did not suit his selfish purposes to acknowledge him ; not from any sincere desire of regenerating the Christian Church, enthralled by superstition, and corrupted by manifold abuses—not from an honest conviction of the errors it displayed and taught, since he continued to conform to the one and to defend the other,—but from the mere personal pique of a disappointed tyrant, who, feeling his own strength, and profiting by the state of public opinion, was resolved to obtain, by force, that which he could not claim either by law or equity ; and, thus far, the event, considered only with reference to its most apparent cause, may, perhaps, be called “ accidental.” But, such occurrences as the Reformation of the English Church, are never accidental, how little soever we may be able to trace their latent causes ; which, however, in the present instance, is not very difficult ; for, on looking through the history of England, from the time of Edward the III., we shall discover that the *principles* of the Reformation were noiselessly growing up in the hearts of the people, two hundred years before its accomplishment, and needing only a favorable opportunity

for declaring themselves. Excessive taxation, and its necessary consequence, national poverty and recklessness, had been gradually weaning the respect and confidence of the masses, from the privileged members of a Church whose enormous revenues were not only drawn from the sweat of their brows, but were also, it is to be feared, too often used to oppress them ; with that plain, unsophisticated reasoning, so characteristic of strong, uneducated minds, suddenly called upon to decide upon the simple truth, they soon convinced themselves, however illogically, that where so much wrong was practised, but little right could be preached ; the ties which bound them to the faith of their fathers were gradually loosened as they became aware of the worldly nature of the doctrines by which it was upheld, whilst the mere novelty of those taught by the early Reformers, was calculated to induce many to try their practical working, by the subversion of the old Hierarchy, whenever an opportunity offered.

It was the writings of Wickliffe, however, and the promulgation of his opinions, by his followers, which, more than anything else, prepared the mind of the public for the necessary change, and brought about the Reformation : by their means the "*truth*" was fully, openly, and zealously expounded, and whilst it made that impression on its hearers which, by reason of its divine origin, it never fails to do, the eyes of men were opened to the injustice they had experienced at the hands of their former pseudo-teachers, and their hearts were angered that so much, which was essential for them to know, had been concealed from them ; and thus a spirit of opposition to the usurpations of the Church of Rome was engendered, which only ended with the expulsion of the Stuarts from the English throne, at the period of the great Rebellion.

But the crowning act of Wickliffe, towards this end, was his translation of the Bible, into the vernacular, from the latin vulgate. If the great Reformer had contented himself with being a mere pulpit orator ; if he had been satisfied with launching, from his professorial chair at Oxford, his crushing

denunciations against the mendicant monks, or with overthrowing the whole system of "Scholastic Theology," by the force of arguments only appreciable to casuists as subtle as himself !—if he had passed his life in religious controversy, at one time fearlessly declaring to his Sovereign that it was lawful to resist the pecuniary impositions of the Pope ; and, at another, exposing the absurdity of the co-existence of two "Infallibles," which, during the "schism of the Pontiffs," was declared to be the case !—he might assuredly have gained converts to his opinions, among the higher ranks, and sowed the seeds of the Reformation among those immediately within the sphere of his influence. But, when he put the Bible into the hands of the people, he did far more than this ; for he not only ensured the ultimate accomplishment of the great end in view, but he so raised the character of all classes, as to lay the foundation of that national energy, and love of inquiry, which, in after-years, burst forth in so many brilliant shapes, giving to the country its divines, its statesmen, its poets, its philosophers, and its warriors.

The age was, also, in other respects remarkable : there was a searching spirit of improvement abroad, which not only augured well for the future, but which acted beneficially at the time. The progress of intelligence was every day increasing its materials, and widening its range : the people were becoming more cultivated ; every art then known being made to contribute towards the increase of their domestic comforts ; the great social order of the "middle classes," so characteristic of England, and at once the source and prop of its greatness, was daily growing of more importance ; whilst the language itself, which, prior to the reign of Edward the III., was in a rude, unsettled state, began to receive a touch from that generally improving hand which was working in so many ways for the public good. The law which prohibited the further use of French in public deeds and national records, was as acceptable as it was politic, and the Anglo-Saxon language, which, prior to this judicious alteration, had not ad-

vanced far beyond its alphabet, soon acquired a strength and flexibility which enabled our early writers to turn it to a useful account : so that, in proportion as the people became capable of receiving pleasure from the harmonious combination of words, whether in prose or verse, the language became sufficiently enlarged to afford it. A purer species of poetry, than any they had yet cultivated, appeared among them, to soften and to civilize ; for, whilst Wickliffe thundered from the pulpit, taking their reason by storm, Gower and Chaucer, the fathers of English verse, stole into their hearts almost without an effort, aiding, though silently, the great cause of national improvement more effectually than a host of loud-tongued advocates. In proportion as the language, and especially the poetry, of a nation approach to perfection, so will be its degree of civilisation. Nothing can be more erroneous than the common opinion, that an uncivilised period is the most favorable to the development of the imaginative faculties ; for the contrary has been seen in all times, and at all places ; and, without pausing for other examples, the names of *Æschylus*, with his followers—*Virgil*—*Tasso*—and *Shakespeare*, may be cited as bearing ample testimony of the truth of the observation. The growth of a pure order of poetry in England at this period, then, may be taken of itself as a significant mark of its intellectual advancement, and it is worthy of notice, how speedily the improvement of the language followed upon it.*

* Gower and Chaucer were the first who obtained any poetic mastery over the rugged idioms of the newly formed language, and it will not be foreign to the purpose to give examples of the improvements they introduced, by comparing their style with that of two of their cotemporaries, Robert Mannyng, and Robert Longlande. The principal work of the former was a metrical History of England, imitated, if not actually translated, from an old French romance, the prologue to which begins as follows :—

“ Lordynges that be now here,
 If ye wille listene and lere,
 All ye story of Inglande,
 Als Robert Mannyng wryten it fand,
 And on Inglysh has it schewed,
 Not for the lered, but for the lewed ;
 For tho that on this lond wonn,
 That the Latin ne Franky's conn,

Amid these moral and political improvements, which are stated to have paved the way for the Reformation, (and which it has been considered necessary to glance at in continuation of our present subject, on account of the important changes,

For to half solace and gamen,
In felauschip when tha sitt samen,
And it is wisdom forto wytten,
The state of the land and hef it wrytten,
What manere of folk first it wan,
And of what kind it first began."

The "*Vision of Pierce Plowman*," by Longlande, is a satire on the most conspicuous follies and superstitions of his cotemporaries; and, in the introduction, he speaks thus:—

———"And as I beheld on hey, est on to the Sonne,
I saw a towr on a toft, ryaly emaked,
A depe dale be nethe, a donjoun therein,
With depe dykys and dyrke, and dredful of sygth;
A fayr feld ful of folke, fond I ther betwene—
Of al maner of men, the mene and the ryche,
Werkyng and wanderynge, as the world askyth:
Somme put hem to the plow, pleyd hem ful seelde,
In syttyng and sowyng swonken ful harde,
And wan that wastors with gloteny dystroid;
And somme put hem to pryde," &c., &c.

The "*Confessio Amantis*" of Gower, is doubly interesting to us, by reason of the occurrence which led to its production, and because the two preceding parts of his poem being written respectively in French and Latin, this one was the first in which he dared to venture upon the yet untried powers of his native language: in the sixth book, when describing the gratification which the lover's passion derives from the sense of hearing, he writes as follows:—

* * * * *

"For thus it is that over all
Wher as I come in speciall,
I may hear of my lady price: (praise)
I hear one say that she is wise;
Another saith that she is good;
And some men sain, of worthy blood
That she is come: and is also
So fair that no wher is none so:
And some men praise her goodly chere.
Thus every thing that I may heare
Which seemeth to my lady goode
Is to myn eare a lusty foode,"

* * * * *

Whilst it will be easy for the most unpractised reader of the English of our early writers, to understand the above without a glossary, it cannot fail to be remarked, how great an improvement, both in style and sentiment, it exhibits, as compared with the extracts from the other two writers: the same is evident, also, throughout the whole of Chaucer's *Canterbury Tales*—a work which, it is to be hoped, is too well known to require illustration by quoting from it.

with respect to medical regulations at that epoch,) the art of Medicine, though not keeping pace with the progress of many other sciences, was not altogether stationary. The fame of the Collège of Salernum, in the twelfth century, roused the ambition of scholars all over Europe. Montpellier grew into celebrity, and the metropolitan school of Paris was made a University. Bologna, Padua, and other Italian schools, daily increased in reputation, whilst Oxford and Cambridge gained a great accession of strength, from the crowd of Parisian students, who, in accordance with an invitation from Henry III., are represented to have flocked there in great numbers.* Neither were men of note (among their contemporaries at least), both as practitioners and authors, entirely wanting in England; for "Gilbert Anglicanus," the earliest English physician whose works have been printed, wrote his "*Compendium Medicinæ*," early in the thirteenth century; and John of Gaddesden, or Gatisden, Professor of Medicine in Merton College, Oxford, wrote his "*Rosa Anglica*" in the fourteenth, which is also the date of the "*Lilium Medicinæ*," by Gordon.

It is not pretended that any of these works, judged by the exact knowledge of the present day, or compared with the labours of Grecian intellect, contain much that is worth remembering: but, on the other hand, they exhibit so marked an improvement upon the rude knowledge of the Saxon ages, that, notwithstanding their odd mixture of subtlety, coarseness, and presumption, these "Roses" and "Lilies" do not merit all the contempt which has been so lavishly bestowed upon them. There was, of course, nothing of the *rationale* of Medicine to be found in them: but the account of the symptoms of the diseases described, is minute, even to diffuseness, whilst, under the head of treatment, the whole of the remedies, which all the sciences then known could aid in augmenting, were methodically enumerated. This was, at

* Farre's Essay.

least, an approach to the right path, and if it was not steadily persisted in, or was only pursued to a certain extent, much of the blame is to be attributed to the character of the age, (which, in matters of science, despised every thing which was not speculative,) and to the peculiar notions, with respect to medical qualifications, which existed in conformity with the wild ideas of philosophy then current. The influence of the stars, and of the other heavenly bodies, over all kinds of diseases, was an undisputed axiom: a particular "conjunction" was considered either to warrant or to forbid the use of a particular remedy, whilst the time of its administration (and especially at the supposed "critical stages" of a malady) was always regulated, so that the "favorable house should be in the ascendant." Astronomy, or rather astrology, became, therefore, an essential part of the physician's studies, and without a knowledge of which, either real or pretended, he could not have got even the popular license to practise.* Nor was this reliance on the agency of the stars, by any means, confined to the uneducated, who are always, more or less, disposed to attach importance to what they do not comprehend: for philosophers of all kinds, at least, agreed in this, if they quarrelled on every thing else; so that even Roger Bacon, by far the most extraordinary man of his class who ever lived, declared astronomy to be "the better part of Medicine."

With so general an opinion in favor of Astrology, as the basis of medical knowledge, it cannot be a matter of surprise that the practice of the art should have become subservient to it, even among those, who, but for this unfortunate theory, were well calculated to further its advancement. The taste of the age was opposed to anything like sound practical investigation: men of all classes delighted in working out the results of natural science, by what they were pleased to call super-

* [See Chaucer's description of a "Doctour of Phisike" of his time, in the introduction to the *Canterbury Tales*: it may be a little caricatured, but is evidently a portrait, and from the hand of a master.]

natural means: the professors of "Chiromancy" were almost as numerous as the believers in it, and that it was held to be a subject worthy the consideration of grave physicians, is proved by the circumstance, that the John of Gaddesden, before mentioned, intended to have written upon it, if his life had been spared: whilst the occult powers, supposed to be expressed under the general term "Sorcery," were not only considered to be within the compass of human attainment, but to be absolutely in the possession of a few of the initiated.

It was in the pursuit of such chimæras as these, that the really learned, as well as the ignorant and credulous, were led away from the right track for so many years, during which the pure art of Medicine, which, perhaps, more than any other, is based upon actual observation and plain matters of fact, rapidly lost ground, being unable to sustain itself against a weight of theoretical absurdities, so uncongenial to its nature. The same mania for investigating what were called the "secrets of nature," to the entire neglect of sound, sober, information, prevailed, also, among the scholars abroad, where, in fact, the love of mystery, and of mystification, was carried to its height, in every department of knowledge. The foreign universities were choked with "*seraphic*" doctors, and "*irrefragable*" divines, who devoted their whole time to the study of abstract theories, far removed from the concerns of this world, and very perplexing to their ideas of the next. The frivolous pursuits, which were then dignified by the name of learning, chiefly consisted in the skilful display of that disputatious philosophy, which was founded on the logical and metaphysical writings of Aristotle, and it is lamentable to think upon the wonderful powers and stretch of intellect which were wasted on these useless controversies! What might not science have gained, if all the learning, ingenuity, patience, perseverance, and labour, which were exhausted upon the idle search after the "philosopher's stone," and many other equally fruitless investigations, had been directed to the

attainment of some practicable end ! The growth and progress of real knowledge, however, is, doubtless, measured out, and may not be anticipated.

The same erroneous system characterised the researches of philosophers at the time of the Reformation, and the art of Medicine then underwent another change for the worse, or rather an aggravation of its previous defects, by the state of things which immediately followed it. The suppression of the religious houses in England, at this period, entailed the suppression of the medical institutions also, since all of them, as has been already declared, were more or less dependant upon the great monastic establishments. To the indigent sick, this must have been a heavy dispensation, since they were at once deprived of their accustomed sources of relief, without others being provided for them : they were, accordingly, dependant upon the precarious charity of individuals, until the very evils, consequent upon such a state of things, produced, in time, its amendment. But the chief sufferers by the change were the monks themselves, to whom it is impossible to refuse our sympathy, how much soever we may blame them for the errors they perpetuated : they were a class of men who, having been habituated all their lives to the repose and seclusion of a cloister, were, in the aggregate, but little fitted to make their way in the world, on which they were thus suddenly thrown, by any of the means usually resorted to for a livelihood : without homes, or resources, or the every-day habits of a business life, surrounded by enemies, and depressed in spirit, at their altered fortunes, they were bid to seek their bread on equal terms with those who possessed none of these disadvantages. History does not trouble itself to record the fate of these obscure individuals : once separated from their community, they were no longer the objects either of fear or of envy, and numbers of them went unheeded to the grave in the gripe of pinching poverty, only in the possession of that religious faith which

neither misery nor famine, nor torture, could drive from their hearts.*

But, as in all ages, some of the finest powers and most enduring energies of our nature have been hidden beneath the monastic cowl, so were there many of its wearers, at this period, who displayed them. They could bring to society but little knowledge of those useful arts, by which the men of trades then prospered in it ; but they could turn to account the book learning, and the knowledge of physical science which had been acquired in the calm of the cloister ; and if the mental powers, derived from these, were more generally used to deceive, than to instruct, as the means of private gain, rather than of public improvement, it is to be remembered that they were in a manner put upon their defence against great odds, and were scarcely to be expected to throw away the only means of support which yet remained to them. Profiting, therefore, by their general character for learning of some kind, at a time when no particular branch of knowledge was deemed essential to the practitioners of Physic, many of the monks, who had courage enough to struggle against their evil fortune, continued to exercise the art of Medicine, as though by prescriptive right, after the same fashion, though not exactly with the same motives, which they had adopted in better times.

They were not long, however, allowed to retain the sole possession of this lucrative employment ; in the absence of anything like a demand for medical qualifications, a crowd of hungry competitors, of all kinds, pressed forward to share in

* The cruelties exercised towards the monks, who possessed the Charter House at the time of the "suppression," afford touching testimony of what many had to undergo, in defence of the opinions they had been taught to reverence. (See "*London*," part 8, page 118, et seq.) It is pretended that a considerable portion of the revenues of these despoiled religious houses was appropriated to the support of their former inhabitants ; but, in fact, nearly the whole found its way into the King's coffers ; for though the prior of St. John's Hospital was nominally allowed £1000 per annum, Stow distinctly says, "*but he never received a penny.*"

the spoils of public credulity. The few eminent men, who, at this time, knew anything of Medicine, properly so called, were still deeply tinctured with that love of the marvellous which led them to ascribe natural results to supernatural agency ; and the army of irregular practitioners who followed in their steps, were only too glad to have respectable authority for the inconceivable absurdities they found it necessary to maintain, as a cloak to their gross ignorance. The "*celestial sciences*" formed, of course, the groundwork of all their doings ; by a pretended knowledge of these they "cast nativities," "drew horoscopes," "manufactured charms," raised devils, and, in short, did anything they were asked to do by those credulous mortals who were quite as willing to be cheated as they were to cheat them. The "Mercurialists," "Physiognomists," "Chiromancers," "Astrologers," "Philomaths," "Water-doctors," and a host of other impudent and clever knaves, gulled the people from one end of the kingdom to the other ; and so great was their reputation, and so exclusive the confidence reposed in them, that regularly-informed physicians (even if any such had existed) would not have obtained the smallest share of public patronage. The men now described were, for the most part, resident in the metropolis, the possessors of considerable wealth, and whose glaring establishments, raised upon the unhallowed gold of their victims, were as well known as the palaces of the nobility. But there was yet another class of empirics, less pretending as to personals, it is true, though not one jot less mischievous who performed their part in this wholesale system of robbery and deception ; viz. : the peripatetic vendors of medicines, who, dressed up in eastern, or bizarre, costumes, from their temporary hustling in Smithfield, or at "Paul's Cross," dealt out death, in the shape of specifics, to the populace.

These were, for the most part, ingenious, humorous fellows, well acquainted, from long experience, with the foibles of their customers, and whose success mainly depended upon the tact with which they ministered to them. They skilfully

tickled the ears of their gaping audience, by such relations as they knew were calculated to make the requisite impression ; they paraded cures for rheumatisms, coughs, and imperfect vision to the old ; they talked of aphrodisiacs and love-charms to the young ; whilst, when it was necessary, they could also be very incomprehensibly learned, which, though generally a dangerous experiment, was often successfully employed in entrapping those conceited wiseacres, who turned up their noses at their neighbours for being wheedled out of their money so easily. They were frequently, also, conjurors as well, the art of the buffoon being combined with that of the physician ; and whilst the "cunning man" himself amused the crowd, by spouting water in a fountain, from his stomach,* or by devouring live coals, an active assistant was busily disposing of his panaceas, which must often have reminded the unfortunate purchaser of the glowing embers which their recommender had appeared to swallow.

This, then, is a brief outline of the state of things immediately consequent upon the abolition of those establishments where the sick poor received medical relief gratuitously, and at the loss of which they caught at every substitute, that was cheaply available, particularly when an example was set them by the higher classes, from the sovereign downwards. It was to remedy this crying evil that legislative enactments, for the regulation of medical practitioners, originated ; and the first operative Act of Parliament, concerning Physicians, the Act of 3d of Henry VIII. (1511), was framed. The preamble gives an amusing, as well as an instructive account of the state of Medicine at that period : it says, "the science of Physic and Surgery" was daily exercised by "a great multitude of ignorant persons, of whom the greater part have no insight in the same, nor in other kind of learning (some also can read

* The likeness of a celebrated performer, in this double capacity, named Blasii de Manfre, who flourished in the reign of Charles I., is given in the 2nd volume of "Caulfield's Portraits of Remarkable Persons."—(London, 1795.)

no letters in the book) ; so far forth that common artificers, as smiths, weavers, and women, boldly and accustomably took upon them great cures and things of great difficulty, in which they partly used sorceries and witchcraft, and partly applied such medicines unto the diseased as are very noisome, and nothing meet therefore ; to the high displeasure of God, &c., and destruction of many of the king's liege people." It was, then, in consequence provided, "that no person within the city of London, nor within seven miles of the same, take upon him to exercise, or occupy as a physician, except he be first examined, approved, and admitted, by the Bishop of London, or by the Dean of St. Paul's." The licensing and examining power thus vested in the Church dignitaries, named by the statute, was also extended to the other Bishops in their respective dioceses, who, by continuing to appoint members of their own body only, the ecclesiastics again formed by far the greater portion of the medical profession. This change, therefore, was scarcely an improvement upon the old one ; for, in the absence of any certain penalty resulting from their misdeeds, illiterate quacks, and impostors, were as plentiful, and as well patronised, as before ; whilst even the legally licensed monks were very little better on the score of solid attainments. Enlightened minds then saw the necessity of a better system, and foremost among the regenerators was Thomas Linacre, Henry's own physician.

This eminent man (*born at Canterbury, about 1460*), who was alike remarkable for his medical and classical acquirements, took the lead in the profession during the reigns of four successive sovereigns, and in all of which he served the office of court physician. It was during the prevalence of the "sweating sickness," which raged so fatally in England, early in the sixteenth century, as to cause even the administration of justice to be suspended, that Linacre proposed his scheme of a "College of Physicians," which should exercise superintendence over the education and general qualifications of those who were desirous of engaging in the practice of Physic.

The time was well chosen. Wolsey approved of the plan ; and, on the 23d of September, 1518, letters patent were granted, incorporating Linacre and others in a "perpetual Commonalty, or Fellowship of the Faculty of Physic." From this felicitous event may be dated the rise of English Medicine, which, previously, was not of native growth, but was imported from the foreign universities, where all the physicians of any celebrity had studied, and where they continued to study down to the time of Harvey. The schools of Italy were the most resorted to, and the most famous ; it was there, in the sixteenth century, that Vesalius, Eustachius, Fallopius, Fabricius ab Aquapendente, and others made their anatomical discoveries. Lectures were given, the ancients read, the intimate structure of organs methodically examined, bodies dissected, and the various branches of Medicine taught with zeal and success.

The establishment of our College of Physicians paved the way for similar advantages in England ; and it was not long before they became apparent. Many were the battles, however, which it had to fight against the greedy host of quacks and impostors who, supported by credulous and powerful friends, made a stubborn opposition to its jurisdiction ; but the college stood out boldly, though respectfully, for its privileges, even when assailed by the highest in the land,* judiciously basing its reasons for so summarily interfering with the proceedings of the empirics, upon the necessity of ridding society of such mischievous pests, and upon the importance of rigorously enforcing laws so intimately connected with the

* Queen Mary herself, the "wilful daughter of Henry VIII.," thus expressed her commands to the College, through Sir Francis Walsingham, in behalf of the "poor emperick Margaret Kennix," who had been imprisoned for exercising "her small talent." "I shall, therefore, desire you forthwith, to take order amongst yourselves, for the re-admitting her into the quiet exercise of her small talent, lest by the renewal of her complaint to her Majesty, through your hard dealing towards her, you procure further inconvenience thereby, to yourself, than perhaps you should be willing to fall out." The threat was of no avail.

public welfare. Some of the vagabonds with whom it had to deal, from time to time, appear to have given the "censors" no small trouble; this was particularly the case in the reigns of Mary, Elizabeth, James I., and Charles II.; but the college generally beat them in the end. A good part of the sixteenth century passed away (so far as the college was concerned) in these tedious struggles, by which, at last, however, the profession was sufficiently purged of its dross, to allow the dawn of a better order of things to shine upon it.

With the ejection of the charlatans, who had so long disgraced it, a far different race of men began to be enlisted in its ranks, who, actuated by one common spirit, were simultaneously labouring to advance it. Researches, based upon the dissection and observation of nature, instead of the fantastical pursuits of the former age, were conducted with zeal, method, and judgment, till the brilliant discoveries which characterised the seventeenth century, appeared as the results, and at once raised the long degraded Art of Physic to the dignity of a science. "Harvey discovered the circulation of the blood (1619). Transfusion was performed (1657). Malpighi saw the capillary circulation (1661). Leewenhoeck described the flat oval blood globules (1690). Bathurst and Henshaw proved, by experiment, that the subtraction of oxygen renders the air irrespirable (1654). Hooke showed, before the Royal Society, that animals die in altered air, because it has lost its oxygen. Mayow taught that oxygen enters the blood through the lungs, combines with the saline particles, and strikes a red colour. The lacteals and lymphatics were discovered—the brain and nerves described. Harvey wrote the history of the ovum. Chemistry threw a new light on the elementary composition of bodies; and placed antimony, the preparations of mercury, the mineral acids, various salts, ether, tinctures, and concentrated extracts, into the hands of its cultivators. The immense progress of the physical sciences at this period, which witnessed the promulgation of Newton's "Principia,"

re-acted on Medicine. The systems of Vanhelmont, Descartes, Sylvius, Stahl, and Hoffman reigned, but never gained the same ascendancy in England as the Iatro-mathematical school at the close of the seventeenth century.*

Contemporary with these memorable improvements, and a participator in their advantages, was the "English Hippocrates"—Sydenham. This great and good man, who thought it "a greater happiness to discover a certain method of curing even the slightest disease, than to accumulate the largest fortune,"† was the founder of the best practical School of Medicine that has yet existed. It is based upon the two following principles—(1.) "Collecting a genuine and natural description or history of all diseases;" and (2.) "laying down a fixed complete method of cure." It would be needlessly lengthening the present essay to dilate upon the merits of the illustrious author of these axioms: suffice it that his name may justly be graven on the same tablet with Harvey, and that the school he founded is that of the present day.

Simultaneous with this signal improvement, in the Art of Medicine, was the rise and progress of Hospitals, for the medical relief of the sick poor; and it is a pleasing subject of reflection, and one properly calculated to excite a peculiar interest in them, that the period in which they first sprang into existence, and that in which they were placed upon their present permanent footing, and improved system, was, as regards the first, synchronous with the birth of the Christian religion, at the sacred epoch of our Saviour's coming; and as regards the second, with the purification of the Christian Church at the time of the Reformation. They are thus intimately connected with the religious history of the Christian world, whilst they have peculiar claims upon the

* Farre's Essay.

† Works, vol. ii., p. 430.

Protestant portion of it, from being, as it were, the children whom it separated from their original parents, with the view of bringing them up to more profitable purposes than those which they were otherwise destined to fulfil. It has been already seen* how the suppression of the religious houses entailed extreme distress upon the indigent sick, whilst it has been said that the evils naturally arising out of such a state of things were, in the end, the cause of its amendment. The citizens of London, famed in all ages for their munificent charities, were the first to represent to the state authorities the deplorable condition of the sick poor, now deprived of asylums for their "sustentation;" and they proposed to the Crown that some of the monasteries, then vacant, should be allowed to be put once more to the better part of their former uses, by affording a home to the friendless. In the year 1538, [i. e. between the date of the Act for the suppression of the lesser monasteries (27th Henry VIII., cap. 28), and the last act of dissolution in this reign (37th Henry VIII., cap. 4.)], a petition was presented to the King by the Mayor, Aldermen, and Commonalty of the City of London, stating, "that there were near and within the said city three Hospitals, called St. Mary's Spittel, St. Bartholomew's Spittel, and St. Thomas Spittel; and one Abbey, called the New Abbey, at Tower Hill, founded of good devotion, and endowed only for the relief, comfort, and aid of the poor and indigent not able to help themselves; and not for the maintenance of priests, canons, and monks, carnally living as they of late had done, *'nothing regarding the miserable people lying in the street, offending every clean person passing by the way with their filthy and nasty savours;'*" and praying, "that the Mayor and his brethren of the city, or such other as should stand with the most gracious favour of the King, might thenceforth have the order, rule, disposition, and governance of the said Hospitals and Abbey, with the rents and revenues thereof, for the only

* Ante p. 44.

relief of the poor, sick, and needy persons, trusting that where then a small number of priests, canons, and monks were found for their own lucre and commodity only, and not for the common utility of the realm, a greater number of poor and sick persons should be refreshed, maintained, healed, and cured, frankly and freely, by Physicians, Surgeons, and Apothecaries, who should have stipends to attend for that purpose, so that impotent persons should be relieved thereby, and sturdy beggars, not willing to labor, should be punished, and so few or none be seen abroad to ask alms."*

Very little attention appears to have been paid to that part of the petition which sought to transfer the administration of the revenues of the several establishments therein specified to the Corporation of the City of London. After a lapse of six years, however, the King came out with a plan of his own, in regard to these Hospitals, anxious, as the letters patent (bearing date June, 1544,) declare, that "there should be comfort to the prisoners, shelter to the poor, visitation to the sick, food to the hungry, drink to the thirsty, clothes to the naked, and sepulture to the dead administered there:" but as the "rule, disposition, and governance," were to be entirely vested in a Master and four Chaplains (all priests), and the city of London was not to be allowed to exercise the slightest authority, visitatorial or otherwise over them, the plan was not satisfactory to the Corporation, and it does not seem that the new institution ever came into active operation. At length, induced by the repeated solicitations of the citizens, and, perhaps, from seeing the necessity of doing something effectual for the relief of the poor, the King consented to grant a charter to the Corporation of London (anno 1546) by which the Hospital of St. Bartholomew should be re-founded for the reception of one hundred sick poor, and to

* Commissioners' Report concerning Charities, 32, part vi. (Christ's Hospital, Appendix No. 1.)

endow it, from its former possessions, to the amount of five hundred marks per annum, on the condition that the citizens should be bound yearly to give "other five hundred marks to the said use and intent." In this manner, then, the first London Hospital, founded upon the modern system, was established; it was called in the Indenture of Covenants, dated 27th December (38 Henry VIII.), "The House of the Poor in West Smithfield," and the present magnificent institution, so well worthy in every point of view, to have been the one from which all others sprang up, has been gradually raised from this small beginning.

St. Thomas's Hospital, Southwark, was the next that was established on the improved system, that "sick persons should be refreshed, maintained, healed, and cured, frankly and freely, by physicians, surgeons, and apothecaries."

This Hospital was originally founded by Richard, Prior of Bermondsey, in the year 1213,* for converts and poor children. It was remodelled in 1215, by Peter de Rupibus, Bishop of Winchester, whose foundation was for canons regular. About the year 1544, the citizens of London purchased the suppressed Hospital of the Crown, and repaired and adapted it for the reception of "poor, lame, and diseased persons:" and in Nov. 1552, having previously obtained a charter from the King, (Edward VI.), they opened it for the admission of patients.

Bethlem, then in Moorfields, was originally founded as a convent by Simon Fitzmary, a citizen of London, in the year 1247. It is not satisfactorily known, when or how it became a Hospital for lunatics, the earliest mention made of its being used for that purpose, being in the fourth year of Henry IV., when, in consequence of the misconduct of the porter of the house, a visitation by royal commission was made, which is

* Stow's Survey, vol. ii., p. 21, edit. 1755.

referred to in a subsequent note. The building, and all other parts belonging, were conveyed to the citizens of London, by the same charter which granted to them the hospital of St. Bartholomew's : they transferred it, however, for some reason or other, to the Governors of Christ Church, in the year 1566, who again, in the following year, placed it under the direction of the Governors of Bridewell, with which it is still united.

The charter of Henry VIII. was confirmed by Charles I. (1638), and in the minutes of a court, held 17th August, 1644, it is stated that "forty-four lunatics, at the least, are continually kept at Bethlem, with diet and physic, and other relief; but that the rents and revenues do not amount to two-thirds part of the yearly charge."

"Christ's Church" (or the Blue Coat School, as it is now called), founded by Edward VI., 1553, was never a Hospital, according to the modern interpretation of the word, being intended for the reception and education "of fatherless and helpless children." Its early history, however, is closely connected with St. Thomas's, whilst its establishment affords a noble example of the philanthropic spirit then abroad : the following document (found by Stow among the MSS. of Archbishop Parker) exhibits the state of these Hospitals in their infancy :

"The whole benevolence granted of all the citizens of London, toward the erection of two houses, that is to say of St. Thomas's and Christ's Hospitals, as may most plainly appear in a fair book wherein the parish, ward, name, surname, and sum that every person gave thereunto, is expressed, amounteth unto £2,476.

"The charges of the erection of those two houses, and the furniture of them, as by most plain accounts, may appear, doth amount to £2,479 10s. 10d.

“ So is the charge greater than the benevolence, £3 10s. 10d.

“ There is received into Christ’s Hospital, of fatherless and helpless children, the number of 380.

“ And in St. Thomas Hospital, of aged sore and sick persons, 260.

“ And there is relieved in divers parishes, within the city of London, of poor decayed householders, with certain pensions, and remain still in their houses, the number of 500 persons.

“ So that the whole number that is relieved by this means is 1,140 persons.

“ There are daily lodged and fed in Christ’s Hospital, 260 children, and in St. Thomas’s Hospital, 260 persons, and to every one is allowed daily for their meat, bread, and drink, 2d., which amounteth, monthly, to £126, yearly to £1,638.”

Other incidental expenses of “ the two houses,” are enumerated in the touchingly quaint old document, making the yearly expenditure amount to £3,290 5s. 4d., whilst the receipts, notwithstanding “ legacies and other gifts by sundry and charitable persons,” are stated only to amount to £2,914: “ so that the ordinary charges of these two houses, is greater than the ordinary alms that is given for the maintenance of them as may appear, &c. amounteth unto £376 5s. 4d.” That this touching exposition of their necessities was not made in vain, we have every reason to believe, and it may be useful to contrast the revenues of these “ Royal Hospitals,” at the period when the visitors of the Crown reported upon them, prior to their surrender to Henry, with the ample means afterwards placed at their command, by the liberality of a munificent public; this is done in the following table, which has been compiled for the purpose, from documents and other papers published by the commissioners, who were appointed in 1837 to make a Report under Royal authority, of the management &c. of all the Hospitals which derived any

part of their property or income from grants previously made by the Crown, or over the government of which it still retained any jurisdiction.

NAMES OF THE ROYAL HOSPITALS.	Date of their Opening	Annual revenue at the time of Dissolution.	Disbursements not including Repairs.	Balance in favour of, at Dissolution.	Yearly value of the Lands, &c. given by the Crown.	Gross Receipts in the years 1835—6—7		Gross Expenditure in the years 1835—6—7		Annual Balance in favour of the Hospitals.	
						£.	s. d.	£.	s. d.	£.	s. d.
St. Bartholomew's	1546	371 3 2	66 6 9	304 16 5	380† 4 2	37,269	9 2	33,696	5 2	3,573	4 0
Bethlem	1546	8 1 8*	...	...	...	27,172	9 3	19,764	15 7	7,407	13 8
Christ Church	1553	{ Not a re- foundation	...	...	...	58,128	4 8	51,911	15 10	6,216	8 10
St. Thomas's	1552	266 17 6	...	...	604‡ 17 1	26,955	13 0	26,354	10 0	601	3 0
Bridewell	1557	{ A Royal Palace.	...	...	...	10,093	16 7	13,200	13 10	{ (against) §	3,106 17 3

* This was declared to be the value of the "certain rents" of Bethlem Hospital, in the year 1404, by Peter Taverner, the porter and alms-keeper of it. The said Peter had "greatly misdeemed himself" in his office, and was examined concerning his delinquencies by Commissioners, specially appointed, when the above account of the revenues of the Hospital, derived, as it is said, from four different sources, was elicited. He also declared that there were then in the house, six men deprived of reason, and three other sick (sex homines mente capti, et tres alii infirmi).—(Report of Commissioners for Inquiring concerning Charities—32 Part vi. p. 472.)

† In the original charter by Henry VIII. Bethlem and Bartholomew's are given away together; and the messuages, lands, &c. granted for their support, were to be for the benefit of both.

‡ By the charter of Edward VI. (1553) these three Hospitals were incorporated, the grant of lands being made for the reparation and adaptation of the latter two, as well as for the building of the first.

§ It appears from a table of the Income and Expenditure of Bridewell, given in the Commissioners' Report before quoted (p. 465), that the balances at the end of the year are often against the institution; but the deficiency is made up from Bethlem, and vice versa.

These five great "Hospitals," three of which were exclusively devoted to the medical treatment of the sick, and of the remaining two, one was for the reception and maintenance of fatherless children, whilst the other was for the incarceration of "mighty strong beggars," with the view of teaching them to amend their lives by inculcating habits of industry, were the first institutions of the kind in England, which sprang into existence after the Reformation. They were all founded by Royal grants, and enjoyed privileges specially conveyed to them by their respective charters; but they were also supported even at their origin by the contributions of the citizens at large, and other charitably disposed persons, as well as by the regular sum levied on the Corporation of London, which, by the Indenture of Covenants, it was bound to furnish yearly, for ever: so that their funds consisted, first of the rentals of the lands and other properties granted by the Crown; secondly, of the yearly tribute from the Corporation; and, thirdly, of the donations, legacies, and subscriptions of casual benefactors.

By the establishment of these magnificent asylums, the immediate necessities of the poor appear to have been, in a great measure, supplied; for the large towns of the provinces not having yet started into being, the charitable institutions of the metropolis (where alone the population could be excessive) sufficed tolerably well for a time. As years rolled on, however, even these princely foundations were found to be insufficient for the wants of a rapidly increasing population, and whilst various other kinds of asylums were gradually erected for the indigent, a new order of medical practitioners was called into existence to minister to the wants of the middle classes: this order was the *apothecaries*.

Prior to the year 1615, when they obtained a separate charter, and became a distinct body, the Apothecaries were incorporated with the Grocer's Company; but even in the sixteenth century, long before their separation from these, they practised medicine, (or, rather, prescribed for the sick,)

very naturally availing themselves, at a time "when all the world had physical pretensions," of the peculiar advantages they derived from the possession of recipes and remedies, placed at their command by those who, from being alone acquainted with their therapeutical powers, ought to have been alone permitted to prescribe them. The warfare which ensued between the physicians and apothecaries, was long and virulent: the College sometimes interfered in defence of its privileges so rudely encroached upon by men who, at that time, were very little removed, in point of medical learning, from the quacks, whom they succeeded. They were literally, then, vendors of drugs for the physicians and nothing more; being herbalists when the principal medicines were indigenous, and grocers, when oriental spices, gums, tinctures, syrups, &c., found their way through the medium of an extended commerce into the *Materia Medica*. They were not, however, to be suppressed: the public required a greater supply of medical attendants, than could be furnished by the members of the College, and, in process of time, the apothecaries gained a regular standing in the profession, being, at length, justly acknowledged to constitute one of the three classes, into which reason, and the public convenience, have now divided it. It is no small proof of the importance which that public attached to their labors, and of the benefits it derived from them, that they were enabled to keep their ground against the torrent of ridicule, of witty contempt, and of determined opposition, which were all, in turns, levelled against them, by their more learned competitors. Garth wrote his spirited poem, called the "Dispensary," in open derision of them: whilst others, long before his time, fulminated their indignant reproaches in prose, with no sparing hand; among the rest a "Doctor of Phisike," in the days of Elizabeth, writes thus:—"What," he exclaims, "maketh many apothecaries, now-dayes, to set so little by the physitians? This is one chief cause: they play the physitians themselves; they give and minister medicines of their own device (God wot a mad device) indifferently unto all men: yea, and the more

ignorant they are, the bolder they are ; for who is so bold as blind Bayard ? Many of them will not sticke to looke in water, and not be ashamed even in the physitian's presence, to ordain this or that medicine for any kind of disease. If any physitian do gently admonish them of their fault, and specially of giving of medicines after their own brain, they will say, that they may as well prescribe medicines, as physitians sometimes do use to make them. They may play (say they) as well the physitians, as the physitians play the apothecaries, *as though a physitian and an apothecary were all one ! * * * ** And now-a-dayes, most part of them (Chirurgeons) doe all things * * . They sticke not to give electuaries, syrups, and other medicines themselves : yea, and purgatives also : which thing, methinks, is very uncomely."

The supercilious horror of this " Doctor of Physike" is very amusing : what a pity he cannot pay us a visit now ! But, in the meanwhile, there can be no doubt that the evil was great at first starting. It was this open war between the physicians and apothecaries, that led to the establishment of the London Dispensaries, towards the close of the seventeenth century ; when the College, by a joint stock among its members, erected several of these institutions in various parts of the Metropolis, where the poor, having been first seen, and prescribed for by one of themselves, were enabled to get their medicines for less than a third of what the apothecaries exacted for them.

This, then, was the origin of the London Dispensaries, and their invention was an admirable proceeding ; for it not only greatly checked the mischief arising from the ill-advised prescriptions of incompetent persons, but it also provided a certain means of relief to the sick poor, at a price which was, at least, comparatively available to them. The building of *Hospitals*, however, did not rapidly progress ; a lapse of more than a century and a half occurring between the erection of those already named, and the next in order of time, viz., the

Westminster in 1719, and the next *great* one, Guy's, in the year 1721.* This is partly explained, as before mentioned, by the circumstance of those already built, being sufficient for the wants of the poor, and again by the institution of the Dispensaries just alluded to: but it is likely that the "statutes of mortmain," which forbade the devise of lands by last will or testament to bodies politick or corporate, interfered with the benevolent intentions of many who would otherwise have bequeathed their property for the endowment of Hospitals.

These statutes run through the laws of England from 9th Henry III., cap. 36, to 9th George II., cap. 36. The first is in the confirmation of the "Magna Charta," and was, perhaps, framed by the nobles, not so much with the intention of repressing the power of the Church, by preventing its further accumulation of riches, through the bequests of "languishing and dying persons," as because they, as feudal proprietors, lost their great seignorial fruits, of relief, wardship, and marriage, on account of the perpetuity of succession in these religious houses; for lands held by a corporation, or purchases of lands made by corporate bodies, did not descend to *an individual*, on the death of any *individual*, and were thus said to be "purchases in mortmain" (in mortuâ manu), into a dead, or unproductive hand.† In all the charters of the Royal Hospitals, before described, a special license is given for them to receive lands by bequest, in spite of these restrictive statutes; so that the governors of these institutions were allowed to be devisees, as if no such statutes existed. Thus, in the agreement between the King (Henry VIII.), on the one part, and the Mayor, &c., of London, on the other, relative to the grant of the Bartholemew estates, it is written that "the

* The will of the founder, Thomas Guy, bears date September 4, 1724 (old style), but, as he had previously obtained a lease of a parcel of ground from the Governors of St. Thomas's, for 1,000 years, the building was commenced in his life-time.

† Blackstone's Commentaries, vol. 1, p. 478, 14th edition, with Christian's notes (London 1803).

said King was pleased, and did thereby grant, unto the said Mayor, commonalty, and citizens, and their successors, full license and authority to take and receive, to them, and their successors for ever, to the use and sustentation of the poor of any of his Grace's subjects, by purchase, bargain, sale, alienation, gift, grant, bequest, or otherwise, lands, tenements, and hereditaments, &c., * * * notwithstanding any of the statutes of mortmain." A similar license to take in Mortmain was conveyed by the Charter to St. Thomas's Hospital, although, in both cases, they were only allowed to receive to the amount of 1,000 marks; but, as in 1707, the possessions of the Royal Hospitals far exceeded these limits, it was thought advisable to petition the Queen for an extension of the license, which was granted without demur, in behalf of St. Bartholomew and Bethlem, though it does not appear that the same license was extended to the Hospitals of Edward VI.

These statutes of mortmain, constantly underwent revision and alteration, seemingly, in accordance with the religious opinions of the Sovereign, or of the party in power: thus, the 1st and 2nd Phil. and Mary, cap. 8, after setting forth, in the preamble, that "much erroneous and false doctrine had been taught, preached, and written since the 20th year of Henry VIII., of famous memory," repeals all statutes adverse to the see of Rome; and then (sect. 51) enacts that lands, &c., may be devised to spiritual bodies politick or corporate, "without any license of mortmain, to be therein obtained, or any writ of *ad quod damnum*, to be sued out for the same."

By the 35th of Elizabeth, cap. 7 (1593), it was made lawful to devise lands, &c., for the "erection, provision, sustentation, and maintenance of abiding houses for the poor," during the twenty years next ensuing. This permission, however, does not seem to have been extensively acted upon, for 39th Elizabeth, cap. 5 (1597), after alluding to the terms and provisions of the former statute, says—"Her most excellent Majesty,

understanding, and finding, that the said good law hath not taken such effect as was intended," &c., "her Majesty graciously affecting the good success of so good and charitable works, is, of her princely care, and blessed disposition," &c., "contented that it be enacted by the present parliament, that all persons seised of an estate in fee-simple, may, the twenty years next ensuing, give and bequeath," &c., for the erection "of one, or more, Hospitals, maisons de Dieu—abiding places, at his will and pleasure," &c., "without license or writ, *ad quod damnum*, the statute of mortmain, notwithstanding."

The 21st James I., cap. 1 (1623), made the statute of 39th Elizabeth perpetual; and confirmed in their privileges all the Hospitals which had been built between the period of the expiration of Elizabeth's term and the date of the present Act. Then the 9th George II., cap. 36 (1736), prefacing its restrictions, by citing Magna Charta, as the authority against gifts of lands, &c., in mortmain, and declaring that "nevertheless this public mischief has, of late, greatly increased by many large and improvident alienations, or dispositions, made by languishing and dying persons, or by other persons, to uses called charitable, to take place after their deaths, to the disherison of the lawful heirs, &c.;" greatly narrows the powers of the devisor, and confines them, in fact, within the limits which obtain at the present day.

A vast number of alms-houses and other similar "abiding places for the poor" seem to have been erected during the latter term allowed by Elizabeth for the devise of lands for such purposes; since the 43d Elizabeth, cap. 4 (1601), entitled "An Act to redress the mis-employment of lands, goods, and stocks of money heretofore given to charitable uses" directs the appointment of Commissioners, under the great seal, to inquire into the mode in which such gifts had been appropriated, and speaks of "frauds, breaches of trust," &c., with regard to them; but still no Hospitals for the treatment of the sick were erected during this period of

license, and for long after, until Westminster was instituted, 1719; Guy's, 1721; and St. George's, in 1733; which latter came just in time to escape the restrictions of 9 Geo. II.

From this period, however, the good work commenced in earnest, and went on with singular rapidity. People began, as it were, all at once to see the necessity, and to understand the peculiar advantages of the modern Hospitals, made now tenfold more requisite, by a sudden increase of population which has known no parallel in the history of the world.* The "Middlesex," the "London," the "Small Pox," the "Lock," "St. Luke's," the "Foundling," numerous Lying-in Hospitals, together with Penitentiaries, and a crowd of Dispensaries for all kinds of disorders, followed each other in quick succession, bearing lively testimony to the liberality of the 18th century, which was, in fact, so efficiently exercised in this manner, as to have supplied London at once, and to have left only four or five Hospitals of any consequence to be erected there up to the present period of the nineteenth century.

But it was in the provinces, where this benevolent spirit was most remarkably displayed, and where it was so signally advantageous. Amidst the inconceivable changes which a century of enterprising commerce had brought about, many of the provincial towns had suddenly grown from a state of comparative insignificance into one of wealth and consequence, only second to the Metropolis itself. Busy crowds of eager traders thronged the streets, and choked the houses which had recently only been occupied by a thinly scattered rural population; manufactories of immense extent, rose, as if by magic, on the way side; the manifold noises of the artificers'

* The first attempt at enumerating the population of Great Britain by a "Census," was made in the year 1801; so that, prior to that date, it cannot be accurately determined. It has been reckoned, however, that the population of England, in 1700, was 5,134,516; and that, in 1750, it had advanced to 6,039,684; being at the rate of 17½ per cent., in fifty years. In 1800, it was, by calculation, 9,187,176, being an increase in that second half century of 52 1-10 per cent. In the metropolis, and other large towns, the increase was infinitely greater.

calling reverberated from every corner of the country, and an impulse was given to manufactures, which, whilst it added a new and important class to our social system, and a new source of wealth to the nation at large, produced also a new class of pensioners upon its bounty, in the persons of the operatives, who had become worn out, or diseased, in giving effect to it. It was then that the Provinces resolved to have Hospitals of their own; industry and mercantile enterprise had amply provided the means, whilst the noble system of *annual voluntary subscription*, put it into their power to employ them for this purpose, without regard to "statutes of mortmain," or any other restrictive laws. Hospitals were wanted, and they were built; they were found to be useful in relieving misery and suffering, and they were munificently supported.

It is worthy of remark, that even at this epoch of their history they seem to have been again indebted to the Church, through that fine spirit of universal charity which, as the natural consequence of its example, is always to be found in greatest force in the immediate sphere of its influence; since all of the first provincial Hospitals arose in Cathedral towns, as if they still found it natural to attach themselves to the representatives of those ecclesiastical institutions, which had formerly fostered them. The next, in succession, however, were built from the powerful law of necessity, before alluded to, in the great newly-formed manufacturing towns, which, finding themselves overrun by a large indigent population, were obliged to provide these asylums accordingly; and the following statement of the date at which some of the principal provincial Hospitals were established, will serve to demonstrate the truth of this position:

Name	Winchester	Bristol	York	Exeter	Worcester	Newcastle	Manchester	Chester	Gloucester	Stafford	Leeds	Salisbury	Lincoln	Norwich
Instituted	1735	1736	1740	1741	1745	1751	1752	1755	1755	1760	1767	1767	1769	1771

To a public, who have thus, from their own private means, and without any of the assistance formerly granted by government, for such purposes, provided Hospitals and "abiding places for the poor," in every district of England where they were wanted, it would be impertinent, in every sense of the word, to dilate upon their advantages; but a few remarks upon the system by which they are supported, viz., that of "*voluntary contributions*," may not be altogether uncalled for.

It may be seen, by the description of the origin of the Royal Hospitals,* that this mode of erecting and maintaining charitable institutions is not entirely a modern one. It is, nevertheless, only in modern times that the full powers of this noble scheme for obtaining a yearly income for the public charities have been displayed; whilst, in fact, it may be doubted whether they are even now displayed to the uttermost. The calls upon the charitable through this medium are now-a-days, however, so frequent, as to have brought the system into somewhat of disrepute: but there is really no remedy for it, so long as there are diseased poor to be relieved of their pangs, or indigent persons to be rescued from the gripe of poverty; and if the demands upon the more affluent appear to be unusually pressing in this particular form, it must be remembered that it is now the only one by which institutions can be supported, unless they chance to be of such ancient date, as to have accumulated sufficient property in their prosperous days, to enable them to live upon the interest of it for the future; and this is the case with the Royal Hospitals before spoken of. But the Hospitals of the eighteenth century, those which were built by the people, for the people, and which have added so much to the character of the charitable institutions of this country, have no such stores in reserve; they are entirely dependent, from year to year, upon the voluntary contributions of the public; they have no other resources, and if these fail they have nothing to fall back

* Ante p. 58.

upon, excepting a fresh appeal to the same generous spirit which called them into existence, and on the continued effect of which they rely for support. They, consequently, partake of the advantages and disadvantages peculiar to such a system ; they profit, for example, by the watchful supervision of a varied class of Governors, all of whom are competent to detect and to expose any mismanagement or abuse of funds ; and all of whom, being, in turn, entrusted with the direction of affairs, become more intimately acquainted with the good they effect, and better able to devise practical means by which that good may be, if necessary, still more widely extended ; whilst the acting officers of such institutions, in every capacity, knowing how much is dependent upon the approval of the public, are more disposed to be zealous in their duties, than might probably be the case if they had nothing to apprehend from its dissatisfaction, by the requisite funds being so permanently secured, as not to be liable to diminution from the withdrawal of its support.

On the other hand, they suffer from the uncertainty which must always characterise an income obtained by “ voluntary subscription ;” a hundred contingencies, which no foresight can anticipate, and no skill prevent, will annually occur to alter or diminish it. Subscriptions will lessen from the death of one, from the change of residence of another, from the fallen fortunes of a third, from the new parochial claims of a fourth, and from the dissatisfaction felt by a fifth at some supposed mismanagement, or seemingly injudicious innovation ; the old difficulty of pleasing everybody presenting itself very forcibly to those who chance to hold the reins of government in these institutions.

From these, and many other causes, such an income is always fluctuating ; it can never be exactly determined, or brought to a fixed standard ; an average may be taken, but even an expenditure, regulated by that average, will not long be safe, because the average itself will not be the same at two

separate decennial periods. Under these circumstances many necessary improvements are prevented, or from year to year delayed, because it is not certain that the receipts will furnish sufficient for their payment; nor is it possible here, as in private establishments, to economise in one department, in order to provide for an increased outlay, in another, since the expenses in each, having been already brought down to the lowest point, do not admit of further reduction.

If the receipts, however, of Hospitals, so organised, are fluctuating and uncertain, their expenditure, unfortunately, cannot be called so; for they are built to receive a certain number of sick, who, when admitted, cost a certain sum, without any reference to the amount subscribed for their maintenance, which may be either more or less than is required. That such institutions should, therefore, occasionally suffer from financial embarrassments, is only the natural consequence of their peculiar organisation, which renders them liable to be called upon to do more than they are able to do with the funds placed at their disposal; but the remedy is simple enough: *build your Hospitals of such a size as is known to be commensurate with the wants of those who are to be received into them, and endow them, at once, with a sufficient income to maintain their full complement of patients.* Where this has been done, no one hears of debt or embarrassment; and where it has not been done, it merely remains to do, as the concluding act of that extensive system of public charity, which has long been so honorably characteristic of England; in which favored country, there is no instance on record of a medical institution having been allowed to fail, from a mere lack of funds, so long as it was really required for the wants of the people.

With these brief remarks upon the management of modern Hospitals, this sketch of their origin and progress from the earliest times may, with propriety, conclude. The subject has been treated at more length than was at first intended;

for, in proportion as it progressed, to what appeared to be a termination, it was found to grow under the pen of the writer, on account of the numerous other subjects connected with it. Thus, from being intimately associated with the history of Medicine at all times, and not unfrequently with particular events in general history, it became often necessary to blend with its consideration that of other matters, which, at first sight, would not appear to have any relation with it, but which it is thought were, in reality, essential to its elucidation. These occasional departures, from what may seem to have been the direct course of inquiry, however, may, perhaps, have tended to perplex the immediate subject ; and it may, therefore, be desirable to recapitulate, in the form of a summary, the principal points to which it has been the object of the foregoing essay to direct attention :—

1st.—That prior to the Christian æra, the most civilised nations of the globe, although, in many respects, well versed, both in the science and the practice of Medicine, had not attempted to extend its benefits to the poor, by the establishment of Hospitals for the sick.

2ndly.—That these institutions sprang into existence with the birth of Christianity ; and that they had their origin in the East (upon a general plan of affording relief to the necessitous), as one of its first practical blessings.

3rdly.—That they continued to be connected with the Christian Church, in some shape or other, wherever it was established ; and that they were introduced into England along with it.

4thly.—That in the “middle ages,” they were associated (in the character of “*Lazar Houses*,”) with the great political events which marked the course of the Knights Hospitallers, and of the remarkable disease called Leprosy.

5thly.—That they formed an important part of the religious foundations of monastic times ; that the direction of their

affairs, and even the performance of the medical duties attached to them, were, for ages, consigned to ecclesiastics ; and that having always been more or less dependant upon the monasteries, they also were overwhelmed in the destruction, which overtook them in the reign of Henry VIII.

6thly.—That they revived at the “ Reformation,” in consequence of a petition from the citizens of London, setting forth that asylums for the sick poor were absolutely necessary, and were then put upon an improved system, better suited to the character of the times, to the necessities of the people, and more in unison with the improved condition of the Art of Medicine at that period.

7thly.—That there was a general call for their erection, throughout the country, in the eighteenth century, during which nearly all of the present Hospitals, supported by voluntary contributions, were founded. That the cathedral towns set the example in this work of charity ; and that the great manufacturing cities were the next to follow it.

8thly.—That the system of “ voluntary contribution,” now resorted to for their maintenance, must occasionally involve them in temporary financial difficulties, unless carried to an extent commensurate with the demands upon them.

GENERAL OBSERVATIONS.

From Oct. 16th, 1840, to June 1st, 1842, there were admitted into the Kent and Canterbury Hospital, 1005 IN-PATIENTS, of which number were 645 medical, and 360 surgical, cases : whilst the number of OUT-PATIENTS, of both classes, during the same period, amounted to 1415.

It was observed, in our former Report (p. 17), that no account of a Hospital could be even tolerably complete, unless a description of its "out-patients" were comprised in it, and pains have, therefore, been taken to give something approaching to a serviceable record of them in the present one : but the same difficulties which were then mentioned, as opposing themselves to the execution of this desirable object, remain still in operation, so that the attempt will be necessarily imperfect, although not entirely without its use. Even the names of the diseases among this class of patients, are very often not entered upon our registers, whilst the other details of the cases, necessary for giving a useful description of them, are still more frequently deficient.

A simple enumeration of them, divided into two classes, and followed by a table, shewing the proportion of Cures and Deaths among them, for the last five years, with a few other particulars, is all that can, at present, therefore, be given, with any pretence to accuracy.

Out-patients admitted from Oct. 16, 1840, to June 1, 1842 :

Females Medical	637
Females Surgical	226
Total Females	863
Males Medical	337
Males Surgical	215
Total Males	552
	1415

GENERAL OBSERVATIONS.

TABLE I.—Shewing the number of Out-patients, Male and Female, admitted in each year from 1836 to end of 1841, with the number of Cures, Deaths, &c., &c. Also the number of the In and Out-patients, together, for the same time, Male and Female, with the number of Cures and Deaths, among the whole.

OUT-PATIENTS.													IN AND OUT-PATIENTS.							
Years.	Total Number Admitted.		Number Admitted from Canterbury.		Number Cured.		Number Died.		Number made In-Patients.		Aver. No. of days on the Books.	Total Admitted of Both.		Total Cured of Both.		Total Died of Both.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.			
1837*	303	607	202	414	99	197	6	12	13	3	73	455	686	165	231	12	15			
1838*	320	564	197	357	104	239	14	8	25	27	70	573	730	184	287	31	14			
1839	285	435	197	310	110	165	10	7	13	22	72	551	717	208	264	23	17			
1840	362	489	229	332	109	180	15	10	27	36	70	686	757	209	299	37	28			
1841	332	509	197	331	134	214	11	6	21	20	73	626	821	266	332	21	17			
Total..	1602	2604	1022	1744	556	995	56	43	99	108	358	2891	3711	1032	1413	124	91			
Annual Average }	320.4	520.8	204.4	348.8	111.2	199	11.2	8.6	19.8	21.6	71	578.2	742.2	206.4	282.6	24.8	18.2			

* * In these two years, i.e., from June, 1837, to June, 1838, the alteration of the building was going on, and as no female patients were admitted into the House during that time, the number of female out-patients was greater than usual.

The foregoing table exhibits, at one view, some of the statistical facts, with regard to these Out-patients: it embraces a period of five years, and has been drawn up for the purpose of bringing down to the present time, the observations formerly commenced on a similar plan by the late Dr. Mc. Divitt, to whose report of this Hospital, in the Medical Almanac, for the year 1839, the reader is again referred for information, upon all matters connected with it, prior to the year 1836; and of whose tables, this particular one is to be considered as a continuation.

The great proportion of patients, coming to us from the parishes of Canterbury, as shewn by the table, cannot fail to be noticed: this, indeed, has been the case ever since the Hospital was opened in 1793, from which period, down to the end of 1841, the number of applicants living within the city district has been about thirty-five per cent., among the In-patients, and nearly sixty-two per cent. among the Out-patients. It is believed that this fact has never been properly represented to those who have been accustomed to imagine, that persons from the country profit most by this Institution, and it is not unreasonable to hope, that the knowledge of it now, may induce more of the residents in the town to become subscribers to it.

In stating the results of treatment, the two extremes only, viz., the cures and the deaths, are here mentioned; and all the cases not included under these two heads must be supposed to have received more or less benefit, or to have been discharged incurable, or for irregularity. It is found that comparatively few are discharged for "*non-attendance*;" and, in fact, the regularity with which the out-patients attend at this Institution, is well worthy of notice, since it proves what may be done in this important particular; the neglect of which, at many other Hospitals, is a constant source of regret to the medical officers; neither is this observation, as to the regularity of attendance, only applicable to those patients who

reside in the immediate neighbourhood, for those also who come from a distance, even from Ramsgate, Dover, &c., are equally exact in this respect, and are always eager to avail themselves of the charity, even at the inconvenience of coming so far, for the benefits it affords.

The diseases incidental to this class of patients are, for the most part, similar to those which are met with among the In-patients, and differ only in degree from them ; so that by referring to the tables of the one, a general idea of the character of the other may be obtained. They comprise, however, all that varied class of maladies, which are decided by the rules to be inadmissible : infectious, or contagious, disorders of every kind, and all the diseases of children, under seven years of age, the most common of which is, that affection of the mesenteric glands, which gives rise to the disease called "tabes mesenterica," since the common epidemics, as measles, scarlet fever, &c., when prevailing among young children, and when medical aid is sought for at all, which is not often the case with the poor, in the former disease, are usually treated from the Dispensary. As may be supposed, acute inflammations of organs, are rare among the Out-patients, but structural diseases, consequent upon them, are exceedingly common ; those of the lungs, heart, stomach, and kidneys, taking the lead. A very large number also apply with chronic cutaneous disorders, of which probably Psoriasis and Herpes are the most frequent ; whilst very many children, and young persons, suffer from "Eczema Purulenta," which, besides attacking the fingers and other localities of scabies, is, in its general characters, so exceedingly like the pustular form of itch, as to be readily mistaken for it, though sulphur, when applied externally, seldom fails to aggravate it. There has been little or no ague among them during the period comprised in this Report ; which may, perhaps, be attributed to the prevalence of measles and small-pox, which, when epidemic, often appear to put a stop to the effects of those miasmata

which occasion intermittents. It is to be observed, however, that ague patients seldom come to the Hospital until all the old women in the neighborhood have tried their time-honoured specifics upon them in vain, a favourite one being a teaspoonful of black pepper in a glass of gin.

The surgical cases among the Out-patients are, for the most part, trivial, or presenting diseases of such long standing, as to be scarcely within the reach of remedies ; though, perhaps, the greater number consist of persons who, having been for a more or less time under treatment in the house, and dismissed with various degrees of benefit, are continuing the remedial measures there proposed for them, with the view of completing their cure. The immense number and variety of the diseases of the eye, however, must not be passed over without notice : pustular ophthalmia, strumous ophthalmia, and chronic inflammation of the conjunctiva with chemosis, are peculiarly common ; and, perhaps, for this reason, appear to excite so little attention among the sufferers, that the functions of the organ are often seriously damaged from ulcers in the cornea, opacities, &c., before they apply for relief ; which, in an earlier stage, would be immediate : and since the consequences of delay are so serious, no opportunity should be omitted of pointing out to them the results of this irrational neglect.

Before entering upon a description of the In-patients, or commenting upon the medical facts, to be presently offered to our notice in the tables which have been compiled for that purpose, it will be desirable, perhaps, in consideration of the critical state of the Hospital finances at the present time, to give a general view of the sources and extent of its available funds, and to draw the attention of the public to its domestic economy, apart from its mere medical business.

This Hospital, like all others of its class, is entirely supported, either directly or indirectly, by the voluntary contributions of the public, from year to year, the income so

derived being divisible into the three following heads, viz. :—

1st. The interest of any funded property, which may, in the course of time, have been growing up, or been originally invested, for the purpose of ensuring a portion of the required income in future. 2ndly. Annual subscriptions, or donations to a fixed amount, from the individuals who constitute the Governors. And 3rdly. Casual benefactions, in which legacies, and the sums received from charity sermons, &c., &c., are to be included. It is quite plain that the last of these, although fortunately, of late years, yielding an unusual degree of assistance to the funds of the Institution, cannot be safely depended upon for furnishing, regularly, any considerable amount towards its support; whilst the second source of revenue, viz., that of annual subscription, has been already referred to, as necessarily variable, and liable to diminution, from causes which are neither to be anticipated nor prevented; and even the sum derived from the first, although apparently fixed and certain, must, in the natural course of things, suffer a gradual reduction, if subtractions from the principal itself are obliged to be made, from time to time, to cover the deficiency arising from the other sources of revenue. It, therefore, appears that Hospitals thus supported, must, necessarily, proceed on a very precarious tenure; and so, in fact, they do. Still, even this constant liability to financial embarrassment, would not, of itself, materially obstruct their usefulness, so long as it only remained a *liability*, and that the income, however insecure, remained sufficient, since, as was formerly observed, there are advantages arising from this utter dependance upon the public. But when the embarrassment actually occurs, and especially when, from failure in the annual subscriptions, the income positively sinks below that which is required to meet, efficiently, the customary calls upon it, the inconvenience of the system becomes at once apparent to those who are practically conversant with its workings, and to whom it is the more vexatious because they find it difficult to convince others (who, only arguing from their own private affairs, cannot easily be brought to think that where there is debt there has not also been

imprudence), that the misfortune is a matter of course, resulting from the peculiar and uncertain manner in which the funds are derived, and not from any mismanagement of them. The Kent and Canterbury Hospital is in this predicament; the successful appeal to the public, through the medium of the late Bazaar, has relieved it from the debt it had been accumulating during the last four years; but this relief can only be temporary, so long as the causes which originally produced the necessity for it remain in operation. Those causes may be, in point of fact, reduced to one, viz., an *inadequate income*, owing to which an annual deficiency has been occasioned, not from any want of economy in its distribution, as may readily be proved, but from the simple fact, that the necessities of the sick poor, for whose sustenance this establishment was founded, cannot be efficiently ministered to by the Hospital authorities with the funds at present devoted to that purpose. This being the case, it seems that one of three things must be done: either that the Hospital must go on upon its present system, and incur another debt, which must ultimately be paid out of the funded property, or again cancelled by some such scheme as that which has been lately so successful; or it must limit its admissions to little more than half the number of sick, whom, by its recent enlargement, it is able, and is expressly intended, to accommodate; or its present income must be raised to meet the necessary expenditure. There can be no reasonable doubt as to which of these courses it will be best to pursue: the first is altogether out of the question, unless it be determined that the present generation is all we have to care for, and that the next must provide for itself—a proposition, however, which it is not necessary even to reply to in earnest. The second course is, also, not to be thought of, until every other devisable plan has failed; a restriction in the number of admissions, to an amount sufficient to bring the expenditure within the required limits, would have been, at all times, a painful measure, but doubly so now, when the doors of the Institution have been widely open for so long a time, as to have caused

the poor absolutely to count upon their reception in the hour of need. The third course, therefore, alone remains to us ; and, happily it is not only competent, in every particular, to effect the end in view, but is, also, not open to any real objections, whatever may be thought of the probability of its being successfully carried out. The present income of the Hospital, then, must be raised to the amount of its present expenditure ; in other words, new subscriptions must pour in until the sum required for its support be obtained : that is the proposition, and, until it has been fairly attempted, it is idle to speak of its being *impossible*—a word, in fact, which, on all such occasions, and on most others, ought not to be recognised as a part of the English vocabulary. The question is, can the county of Kent maintain a Hospital containing one hundred and twenty beds ? If it cannot, the recent enlargement of the building can serve no other purpose than to tantalise the sick poor with the sight of a haven, which, though confessedly erected for them, they can never reach. But those who know it best, are satisfied not only that it *can*, but that it *will*, and that when once the real cause of the financial embarrassments has been understood, sufficient means will be bestowed upon the Institution, to enable the Governors to persevere in their system of charity, without having recourse to the desperate measure of selling their funded property, or of refusing admission to those necessitous creatures who, up to the present time, have never appealed to them in vain. To this end, the best efforts of a committee of gentlemen, specially appointed by the Governors at large, have been directed during the last six months : that they have been already very successful in obtaining *fresh subscriptions*, is already a matter of congratulation ; that they will, in time, be more so, there is every reason to expect ; and whilst such a scheme, for promoting the interests of the Institution, is being carried out by men of weight, and influence, and when the co-operation, even of the humblest, is loudly called for, it may be permitted to the writer of this, to avail himself

of the opportunity, and to raise his voice among the rest, in favour of so good a cause. Thus, he would remind the county, that the Hospital at Canterbury is the only institution of the kind, upon a large scale, (and where the comforts of a home, blended with the advantages of a medical establishment, are constantly provided for its sick and maimed poor,) to be met with from the extremest boundaries of it, to the metropolis!* He would remind the town of the vast number of poor within the parishes of the city, who find, in the Hospital, a refuge in their hour of sickness, and who, but for it, would have to be elsewhere supported, at the expense of the more favoured residents of the district! And whilst heartily thanking the "East Kent Yeomanry Corps" for their disinterested and valuable exertions in its behalf, he would still venture to remind the important and influential class of men, of whom these may be said to be merely the representatives, of the peculiar claims the Hospital has upon their assistance, from being the masters of the hundreds of agricultural labourers, who seek and find in it relief to their maladies: the great object being to obtain from new subscriptions, sufficient to raise the present income to the required amount, and to keep it there for the future. When appealing to the public for assistance on such occasions, it is not only politic, but absolutely essential, to shew that nothing like improvidence has been the cause of the evil they are called upon to remedy; and this is more especially necessary in the present instance, because there seems to be some vague impression of the kind abroad, which has been, for some time, operating to our prejudice. It has, in fact, been often asked, how it happens (unless on the score of improvidence), that the finances of the Hospital have only become embarrassed during the last four

* The "West Kent Infirmary and Dispensary," at Maidstone, can only accommodate twenty In-patients at a time: whilst the "Margate Infirmary" is designed for one particular class of patients only, most of whom come from the metropolis, besides being open for only half the year. There are Dispensaries at Dover, Ramsgate, Strood, &c., but these do not receive In-patients, or, if they do, to a very small number, only.

years, when, for so long a time previously, they were even more than competent to meet the annual expenditure? The proper answer to this question may easily be gathered from what has been already said; but let us state it more concisely. In 1837, the Governors, finding that the Hospital was not large enough to receive the number of sick poor, who applied to them for admission, and that many urgent cases were sent away, on account of this want of accommodation, humanely determined to respond to the wants of an increasing population, by enlarging the building to the extent required for their reception, in accordance with the benevolent intentions with which it was originally founded. This was done at considerable cost; a large portion of their funded property being expended for the purpose, and the income arising from it being proportionably reduced. In the summer of 1838, the new wards were opened for the reception of patients, and at the end of that year, there was a balance of accounts against the Hospital, to the amount of £494 16s. 10d.; which, being increased by the deficiency of each succeeding year, amounted, with interest, to a debt of £809 7s. 7d., at the time when the proceeds of the late Bazaar were employed in its liquidation. It, therefore, appears that the debt commenced immediately upon the enlargement of the Hospital, and it is perfectly clear that this must have been the case upon any system of management, unless simultaneously with the enlargement of the establishment, there had also been a proportionate increase in its means of support, which, however, by some unaccountable mistake, was not even attempted to be obtained, although, at that time, there could have been no difficulty at all in procuring it. The error, therefore, was not in enlarging the Hospital, since that was needful, but in attempting to conduct it on a much greater scale than before, with even *less* than the income which only just served for its support on a smaller one. This, of itself, was quite sufficient to bring it into debt, even if its funds had been stationary; but when to this is added a serious diminution in the amount of annual subscriptions, just at the time when they were most

needed, on the one hand, and a considerable increase in the number of patients on the other, we have presented to us so many difficulties to struggle with, and so many obligations to deficiency (so to speak) pressing all at once, as to justify the assertion, that it is surprising the debt was not far greater than it really was.

As a short, but comprehensive answer, to the charge of recent extravagance, let us put down, in round numbers, the receipts and expenditure, during the last twenty years; dividing this time into two decennial periods, for the purpose of contrasting the present and the past.

From January, 1821, to the end of December, 1830, there were admitted 4061 In-patients; whilst, during that period, the portion of Hospital funds arising from annual subscriptions, amounted to £14,780., and the "Ordinary Expenditure" to £27,177.

From January, 1831, to the end of December, 1840, there were admitted 4,544 In-patients; the annual subscriptions, during that period, only amounted to £10,274, and the ordinary expenditure to £20,990.

So that, in these last ten years, with an increase of very nearly 500 In-patients, there was a failure in the annual subscriptions to the amount of £4506, whilst the sum expended in the ordinary business of the Hospital, was £6,187 less than in the former term! It is deferentially submitted that this does not look like recent extravagance. It must also be recollected, that furnishing the new wards was a new demand upon the funds, of considerable magnitude: this, however, must be set down among the items of "extraordinary expenditure:" and it is, in fact, to this branch of our outlay, that we are to look for those unavoidable causes of deficiency, which have been only too readily attributed to improvidence, in the ordinary routine of the Hospital. With these extraordinary demands, the whole of the "extraordinary receipts,"

which might otherwise have been put by, have been, of course, swallowed up : this was not to be avoided, unless the payments were altogether to stand still : so that before persons insist upon the propriety of funding legacies, donations, and all other unexpected benefactions, they ought to consider whether the usual receipts will be sufficient of themselves to cover the expenditure, which not being the case with our Hospital, the managers of it are obliged to take that for their current expenses, which, under more favorable circumstances, would have been gladly added to their funded property.

Many emendations of laws, and fancied improvements of various kinds, have been suggested, as furnishing the means of relieving the Institution from its precarious condition, if put into force : they are, all of them, however, even if added together, which their want of agreement would render impossible, quite unable to meet the exigency of the present case. Some of them, indeed, are calculated rather to do harm than good ; among which may be reckoned the proposal, that Rule 54 shall be rescinded, and that all persons shall be allowed to exercise the privileges of Governors *immediately* upon the payment of their subscriptions. By this alteration, it has been argued, that a considerable increase of funds would, from time to time, occur ; because, at every fresh election of officers, the candidates would be induced to *make new Governors of their friends*, in order to secure their votes. But, even admitting that this unprincipled plan for recruiting the finances, would be efficient (which is, however, quite absurd to imagine), we will always maintain that it ought not to be resorted to, for it is altogether wrong and abominable ; and though this practice of making new Governors, on purpose to vote at elections, and so temporarily to renew the funds of the charity, does (*proh pudor !*) obtain in some few of the obscure private Dispensaries of London, it is deservedly scouted in all county Hospitals or Infirmaries, of any reputation, for the simple reason, that the Governors of them do not choose their im-

portant offices to be put up *to public sale* (as they would virtually be under the plan proposed), or be placed at the command of one whose length of purse might be his only recommendation. Besides, we might appeal to experience, as to the result of such an innovation ; not many years ago, the largest, and the oldest, of the London Dispensaries, was all but ruined by adopting it ; the subscribers, for charity's sake, being naturally disgusted with the conduct of those who subscribed for policy's sake ; and we are confident, that no more effectual means of losing the support of the public could be taken, than those now referred to. But it is not necessary to discuss all the plans of improvement which have been suggested ; suffice it, that to those who are best entitled to judge on the matter they do not appear to be efficient, whilst even their very proposal, under these circumstances, is not without its evil ; for to attribute our defalcation to anything less than causes great enough to produce it, only adds to our embarrassment : paltry reductions of a pound here, and a shilling there, even admitting that they could be made, would only tamper with our difficulties, which are far beyond the reach of such dribbling means of relief : retrenchment and economy are already carried to the utmost point, *compatible with the efficiency of the Institution* : the only fault is, an insufficient income, and the only remedy is to increase that income.

With the view of enabling the public to judge for itself on the various details of our expenditure, and of bringing down to the present date an accurate report of its several departments, the following table has been compiled with some care and labour.

GENERAL OBSERVATIONS.

TABLE II. Continued.

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House Surgeon's and Dispenser's Salaries.	Extra Diet: as Eggs, Fish, Poultry, Ale, and Porter.	Advertising, Stationery, Printing, Carriage, Postage, Bibles, Insurance.	Furniture and Repairs of Linen, Woollen, Earth, Glass, Peware, &c.	Building and Repairs of Walks, Roads, Fences, &c.	Total Ordinary Expenditure.	Total Extra-ordinary Expenditure, with Interest of Debt from 1838.	Grand Total Expenditure.	Total Receipts.	Average Expense each In-Patient, as per col 14, deducting for O.P.	Average Expense of each Out-Patient, as per cols. 4, 5, 8, 9, 11, 13, and part of col. 3.
£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
100 0 0	28 10 0	88 0 2	77 6 4	32 13 10	2169 15 9	1427 17 11	3597 13 8	4188 14 11	3 13 3½	0 8 5½
100 0 0	40 17 1	96 14 7	49 15 5	19 12 3	1486 5 9	2684 5 9	4170 11 6	4523 2 2	5 5 4½	0 5 10½
101 6 3	46 6 9	90 0 9	326 6 11	27 18 5	2324 0 7	4817 2 1	7141 2 8	6646 5 10	4 15 0½	0 7 6½
107 10 0	25 13 7	100 5 7	63 3 4	31 3 7	2164 16 10	5 18 3	2170 15 1	2058 2 0	3 6 8½	0 9 3½
110 0 0	46 5 9	69 6 3	85 13 1	49 11 11	2298 1 4	156 2 4	2454 3 8	2267 12 6	3 7 1	0 7 3½
110 0 0	45 5 3	81 8 9	52 17 5	60 3 0	2394 12 9	809 7 7	3204 0 4	3160 1 5	3 7 6½	0 8 3½
628 16 3	232 18 5	525 16 1	655 1 8	221 3 0	12837 13 0	9900 13 11	22738 6 11	22843 18 10	23 15 0½	2 6 9½
104 16 0½	38 16 5	87 12 8	109 3 7½	36 17 2	2139 12 2	1650 2 3½	3789 14 5½	3807 6 5½	3 19 2	0 7 9½

NOTE.—The total receipts of the year 1838 are put down in the table at £6646. 5s. 10d.; but the actual receipts amounted only to £1663. 9s. 8d., the difference being made up by selling Consols, which realised £4630. 5s. 6d., (to pay for building,) and by the balance in our favor, of £352. 10s. 8d., which existed at the close of 1837.

In the years 1836—37—38, certain expenses for house rent were incurred, from extraordinary circumstances, which have been put down in the Reports among the "Ordinary Expenditure" for those years. In the foregoing Table, I have, however, assigned them their proper place, viz., in the Extraordinary Expenditure, which is the reason of my returns from these departments of expense differing from those which are to be found in the "Annual Reports." The extraordinary house-rent expenses were incurred in the year 1836, for the rent of a private house, for the accommodation of "Small pox patients:" that disease having appeared in the Hospital; when it was necessary to remove those who had it, from those who had it not.

In the years 1837 and 1838, the house rent was incurred for the resident officers, who, during the alteration of the building, were obliged to live elsewhere.

The large outlay, in 1838, for furniture, &c., is accounted for, by it being necessary to purchase new beds, &c., to supply the new wards which were completed in that year, whilst the item of £809 7s. 7d., placed under the head of Extraordinary Expenditure in the year 1841, was for the payment of the debt due at that time.

The only novel features in the foregoing table, are the enumeration of the Out-patients, who are not usually given a place in such summaries, and the statement of the average cost of each of them, as well as of each In-patient; and on these points it will be necessary to say a few words in explanation, leaving the other columns to speak for themselves.

It has always been a great desideratum in Hospital statistics, to get an accurate knowledge of the expense incurred by each individual patient, and especially in those Hospitals where the funds subscribed are intended to be just adequate for their support: but, judging from the actual practice in such Institutions, it seems probable that this important point is more

generally a matter of inference than of demonstration, and that the sum, which comes, at last, to be considered, as the cost of each patient, is more frequently set down upon the "more or less principle," than as the result of absolute calculation. The reason of this is, that it is by no means an easy thing to determine, as may readily be seen by observing the late discrepant returns on the subject, from the various Hospitals, Infirmaries, and Dispensaries of Ireland, published by the Commissioners for inquiring concerning the Medical Charities of that country. Thus, at the Drogheda Infirmary, the average cost of the In-patients, in 1839, was said to be £6. 0s. 11½d. per head; whilst in the Mercer-street Infirmary, within the city of Dublin, it is put down at only £1. 5s. 7d.* The one is as much too high, as the other is too low; neither of these estimates being, probably, even nearly correct; and we are the more justified in making this unqualified assertion, because, although the Report in question purports to have been made under Royal Commission, and was "presented to both Houses of Parliament, by command," &c., for the guidance of the government, who gives annual grants to these Irish Charities, as a regular part of their income, the tables it contains are so full of positive blunders, and, at least, startling statements, that no reliance can be placed upon the information they convey.†

In the book of Rules of the Kent and Canterbury Hospital, there is a note appended, at p. 7, which signifies, that "each In-patient incurs an expense of more than £4.;" this has been guessed to be too high an average, and so it is, if

* Report of the Poor Law Commissioners, on the Medical Charities of Ireland; Appendix A., table 5. (Dublin, 1841.)

† Tables 1, 3, and 5, in Appendix A., furnish many examples of the most incomprehensible blunders. In Appendix B., Table 2, the proportion of patients to the whole population of the Belfast Dispensary district, is put at 125 to 100!! Rather a sickly neighborhood, certainly.

much "more than £4." he meant : but that sum appears, by the present calculation, to be as near the mark as possible.

It seems probable, that in estimating the cost of each In-patient, the whole expenditure of the Hospital has been divided among that class only, forgetting that a part, at least, is debitable to the Out-patients. This will, at once, account for the stated cost of the former being generally put at too high a rate, since they are thus charged, not only with their own share of the expenses, but with that of the Out-patients also, who, if not costing so much, still cost something, and, probably, a good deal more than they are usually supposed to do.

To determine their several proportions of the whole expenses, constitutes the difficulty before spoken of, and, perhaps it is impossible to ascertain it quite exactly : but it certainly may be done within a little, by separating from the common expenditure those items which belong, exclusively, to the In-patients, (as expenses of diet, for example,) and those which are common to both classes, as drugs, medical salaries, &c. A careful calculation, based upon this plan, promises to give a result very near the truth, and this is the one which has been pursued in the present instance, although the difficulty of deciding how much ought to be set down to the Out-patients for house-room, servants' wages, &c., will still leave the calculation open to dispute, to the amount of about 5d. per head : it is believed, however, that the averages, stated in the table, are certainly correct within that trifle.

There are little or no means at hand, of comparing these results with those obtained by others in similar Institutions ; for only two of the provincial Hospitals attempt to give any return of the individual cost of the patients in their Annual Reports ; and it is scarcely possible for any body, however well versed he may be in the general management of these charities, to calculate it from the mere abstract of their ex-

penditure, when a stranger to the peculiar features of it. It may, however, be gleaned, from other sources, that the average cost of the In-patients, in the Provincial general Hospitals, is about £3. 16s. per head ; but as regards the Out-patients, nothing can be decisively stated.

At the Radcliffe Infirmary, Oxford, (the Reports from which are exceedingly well arranged,) the average cost of each In-patient has been, for the last five years, £3. 12s. 5d.; that of the Out-patients is not now given, owing, as the managers declare, to the difficulty of ascertaining it. It was, formerly, (1801) put down at 12s. per head (see 71st Report); but this, they say, was found to be too high, which it certainly was : but, unless the point be determined, it is difficult to understand how the cost, even of the In-patients, as a distinct class, can be discovered, since, to be accurate, it must be minus that of the Out-patients, whatever it may be, whilst the multiplied total of both should give the whole expenditure, which, in the table here published, it will be found to do. At the Hospital, at Nottingham, (the Reports from which are also greatly to the credit of those engaged in their compilation,) the average cost of the In-patients was, in 1840, £3. 8s. 6d $\frac{1}{2}$. per head : whilst that of the Out-patients is set down at only 2s. 11d. ! This latter estimate must, however, be considerably too low, since, as each of these patients remained under treatment eighty days on the average, this sum could barely have covered the outlay for their medicines only ; it seems likely that this result was arrived at by merely charging these Out-patients with a share of the common Dispensary expenses, as drugs ; whereas, they ought, unquestionably, to be debited, also, with a share of the medical salaries, and of the Secretary's, of the stationery and printing, (always a heavy item,) a portion of some of the servants' wages, as the porters, and also a certain charge for the house, repairs, &c., which they help to render necessary ; and when these items have been added, this class

of Hospital patients will be found to cost more than 3s. a-head anywhere.

The term "*Hospital*" patients is here purposely used, to distinguish the class referred to from "*Dispensary*" patients, with whom, it is supposed, by some, they may be properly compared; but from whom, in point of fact, they differ widely; and, indeed, if they did not, Dispensaries could not be shown to be of any use at all. No accurate estimation, therefore, of their individual cost, founded upon such a comparison, can be obtained; for it is certain, that Dispensary patients, whether in town or country, can be treated much more economically, or rather at a much less average expense, than Hospital Out-patients.

1st. From the trivial nature of their diseases or injuries, which, in the greater number of cases, may be cured by a single dose of medicine, or an inch or two of sticking plaster.

2ndly. Because, at Dispensaries, there is generally, more or less, of an understanding that the expensive medicines are to be used with a very sparing hand: not merely *economically*, but *sparingly*; the fact, of course, being, that they are not often required, for the reason before assigned.

3rdly. Because the entire business of a Dispensary can be conducted throughout, at a much cheaper rate than that of a Hospital.

The following short table, compiled from the abstract of accounts, published in the "Reports" of a few of these In-

stitutions, will serve, in some degree, to exemplify this statement :—

Name of Dispensary.	Number of Patients.	2		3			
		Total Expenditure		Expenditure for Drugs, Chemicals, and Leeches only.		Average expense of each Patient, as per Col 2.	Average expense of each Patient, as per Col 3.
		£	s. d.	£	s. d.	s. d.	s. d.
St. Pancras (1839)	1546	443	3 11	128	17 5	5 8½	1 8
Marylebone (1840)	3077	799	6 1	200	15 11	5 2½	1 3½
Aldersgate St. (1837)	6648	927	2 6	422	0 8	2 9½	1 3
Bishop's Court (1840)	4135	590	5 9	125	12 10	2 10½	0 7½
Newark (1838)	662	209	13 9½	45	3 7	6 4	1 4½
Canterbury (1841)	1148	226	7 8½	62	18 9	3 11½	1 1

Before going further, it may not be amiss to devote a page or two to the consideration of the peculiar advantages of these two kinds of medical charities ; not only because there seems to be some misunderstanding here upon the subject, which it may be as well to settle, but also because, apart from the mere local interest in such a discussion, the question has a distinct reference to the matters treated of in this Report.

By a "Hospital," then, we understand an asylum for a certain class of the sick poor, *where* they are received under its roof, and housed, fed, nursed, and "healed and cured," under the eyes of regular medical and surgical attendants, without the slightest expense to themselves during the term of their stay in it ; in a word, where "In-patients" are admitted. By a Dispensary is meant an institution, *whence* medical relief is afforded to another class of the sick poor, by the administration of remedies to them, on application at the door of the charity, and by visitation at their own homes, to such as are unable to attend in person.

Now, it is no uncommon thing, in places where there is one

of each of these Institutions, quite distinct from each other, to hear persons debating about the "relative advantages" of them; and if they would content themselves with declaring that each Institution possessed its own, and was individually valuable on that account, without any reference to what the other did, or did not do, the respective merits of both, might, if requisite, be as easily settled as allowed. But when, out of a very mistaken regard for either, they endeavour to exaggerate those of the one, and to depreciate those of the other, instituting absurd comparisons, as to which is better and which is worse, they merely excite a feeling of rivalry, where nothing can be more misplaced, and finally twist the question into one of considerable difficulty, when it naturally possessed none. The fact, of course, is, that Hospitals and Dispensaries severally possess advantages peculiar to each other; whether the amount of these be exactly balanced, is very unnecessary to inquire: suffice it that they are both useful in their way; they are both achieving the same ends, upon a somewhat different principle: the one having what the other lacks; so that though severally incompetent to relieve all the medical necessities of the sick poor, they are, together, competent to do so. It has, accordingly, usually happened, that in whatever place a Hospital has been built, a "Dispensary" has been also established, just for the reason that they who provided the first for the benefit of the poor, not choosing their charity to stop short of the mark, have afterwards added the latter, as an *adjunct* to the former, as the only thing necessary for the completion of their scheme of gratuitous medical relief; and this combination, under proper medical arrangements, has been always found to answer the ends proposed. It thus appears, that a "Dispensary" has been generally looked upon as a necessary part of a Hospital establishment; that even, when under a separate government, it should be considered as merely a branch, or offset from it; and that, except in very large and populous places, where several such Institutions are needed, or in districts where there is not wealth enough to

support a Hospital at all, a close union of the two ought always to exist, if it be desired that the Dispensary should yield, to the fullest extent, the benefits of which it is capable. It is not to be inferred, however, by these remarks, that Dispensaries, standing alone, without any such connection, must, necessarily, be of no use at all; since the principles, on which they are founded, being just, it will be absurd to deny, that even under the most unfavorable circumstances, they cannot always be turned to some advantage. What is really meant is, that as they were originally intended to serve as adjuncts to Hospitals, so they will only be fully efficient, when working in that capacity.

If it be urged against this opinion, that many Dispensaries are thriving, and doing the utmost possible good in the character of separate establishments, it must be answered, that they only are doing so, which are serving *as substitutes for Hospitals*, in neighborhoods where there is nothing else of the kind, or in places which cannot maintain the more expensive establishment; in all others, such Institutions either fritter away their funds on trifling ailments,* or are little more than half efficient, from the want of a proper medical staff. Our view, respecting them, may, therefore, be thus summed up: that Dispensaries possess certain advantages, distinct from those of Hospitals; and that for this reason, and because those advantages cannot be enjoyed to the fullest extent, without such a union, it has always been deemed desirable to associate them. It remains, therefore, to shew that Dispensaries, when isolated, are really incapable of affording these advantages, to the fullest extent, and it will not be difficult to do so, confining our remarks, of course, only to such Institu-

* The number of patients treated from the "Canterbury Dispensary," in 1841, is described as 1148 (see Annual Report). By the last Census, the population of the City is 19,130; this makes the proportion of Dispensary patients to the *entire population* (i. e. rich and poor), 1 in 16½ (a fraction more), or, as near as may be, six in every hundred persons. The number of deaths amounted to forty: this gives a mortality of 3½ per cent. (3.48.)

tions as exist in small towns, where there is also a general Hospital ; as, for example, here at Canterbury.

It will be evident, from what has gone before, that the value of these charities, in the aggregate, has been fairly allowed ; they have been admitted to be well adapted for contributing towards the medical relief of the sick poor : but the possession of these merits, can only be granted to those which are properly ordered and officered ; for unless this be the case, they may be useful as "make-shifts," or they may be allowed to be better than nothing ; but beyond that, it will not be proper to commend them. Upon this point, it may be set down as a positive law, that the intentions of a Dispensary cannot be properly carried out, unless it have, at least, one physician, and one surgeon, attached to it, exclusive of the regular resident medical officer ; and this necessity seems to be so well understood, that all the Dispensaries of the Metropolis, without any exception, and nearly all of those in the provinces also, have such officers appointed to them. It is quite an anomaly, therefore, to find a Dispensary differently constituted in this respect ; such, nevertheless, do exist : but when we meet with such a one, it will certainly be found to belong to the class, before referred to, as struggling to maintain itself, in a small town, apart from the neighboring Hospital, to which it naturally belongs, and with which, in order to be efficient, it ought, immediately, to be associated. If the only objection to the continuance of an establishment, so situated, however, be founded upon the insufficiency of its medical staff, it may, perhaps, be urged, that that is easily removed by appointing one, without making the union proposed. But, in the case supposed, it cannot be *easily* done, if, indeed, it can be done at all ; for whence is the "staff" to be procured ? A small town rarely maintains more physicians than those already attached to the Hospital establishment, and others will not come from a distance, merely to undertake a troublesome office, unless there be also a reasonable prospect of their professional success as private practitioners, which,

from the field being already occupied, is not likely to happen. The Dispensary, therefore, unless united to the Hospital, must remain without a medical staff, and no reflecting person can doubt that this defect must greatly cripple its powers of doing good, besides causing it to be slightly regarded by the profession at large, which is a greater drawback to its successful operations, and to its reputation, than the public, generally, have any idea of. A deficient medical staff is, therefore, assumed to be an evil of the greatest magnitude—one, in fact, which is quite sufficient, of itself, to nullify the advantages otherwise derivable from these charities; and since this fundamental defect only exists in those Institutions, which have been described as endeavoring to support themselves apart from a neighboring Hospital, and since it must continue to exist, so long as they continue to be so circumstanced, they ought, if required at all, to be immediately united with the other establishment, as affording the only means by which that of which they stand in so much need can be supplied to them.

It may still be thought necessary for the completion of the argument, however, to show how the want of a regular Medical Staff can be so extensively injurious; particularly as the one resident medical attendant appears to be able to perform all that is required in Institutions thus scantily officered. Now, it is just because *no one man* can do all the medical business of a Dispensary so thoroughly as it is intended to be done, that renders his attempt to do so injurious; it is not, of course, implied that under these circumstances he must necessarily neglect his duty; it may, on the contrary, be readily allowed, that he acquits himself of it as well as is possible; nay, it is often wonderful that he contrives to do so much; but the question is not limited to the decision of how much is really done, *but whether more might not be done under a better system? Whether more ought not to be done* with the additional means at command? And if this be

answered in the affirmative, the reality of the defect referred to, is at once admitted. But to come to particulars.

The multifarious avocations which fall to the lot of a medical officer so circumstanced, must necessarily interfere with each other ; for who can reasonably be expected to perform, satisfactorily, the various duties of Physician, Surgeon, Dispenser, and Secretary, within the walls of a charity, and, at the same time, to be its out-door visitor also ? Yet all these offices are frequently united in one person : and, as if this unprofessional jumble were not sufficient of itself to embarrass the working of these Dispensaries, or to give occupation to their one medical officer, because their funds are never sufficiently flourishing to allow of his receiving a salary at all adequate to the labors required of him, he is also permitted to engage in private practice ; although it must be evident to every body who knows anything of human nature, that the pursuit of it will often interrupt the exercise of his public one.

The home visitation of the sick poor, is very naturally looked upon as the most desirable mode of administering medical relief to them ; and though medical men know very well that the plan is open to many solid objections, and is rarely so effectual in practice, as it sounds to be in theory, (from the circumstance that the treatment of disease does not consist in the mere administration of medicines, but imperatively requires certain other aids, which cannot be procured, and certain discipline, which cannot be enforced, in the hovels of the poor,) yet, as it is the only way in which their services can be given in some cases, it is deservedly held in high estimation.

This kind of attendance constitutes the immediate business of Dispensaries, and on the proper performance of it, in all its details, rests their only claim to the especial patronage of the public. If, then, from an insufficient number of medical officers, this paramount duty cannot be properly performed, it may well be said to constitute an evil of the first magnitude ; and it is

plain, that when all the offices of the charity are huddled up together in the person of one individual, that the timely performance of this duty cannot always be ensured. Let us consider the kind of diseases which require this home-visitation, and we shall see how important it is that nothing be allowed to interfere with it. At all Hospitals, it has been wisely ordered, that very young children, and persons labouring under disorders said to be contagious, shall not be admitted under their roof. It follows, therefore, that an important class of maladies are not received into these Institutions, whilst they are often of too grave a character to allow of their being treated on the Out-patient system; and it is confessedly for the relief of these that the modern Dispensaries were established.* The cases they are called upon to attend to, then, will comprise, or, at any rate, may comprise, all the diseases of young children,† which, as a general rule, require very prompt attendance, together with frequent and

* It must not be supposed, that all of these, or even a half of them, do become chargeable on the Dispensary in any place: the poor are equally as particular and fastidious in the choice of their medical attendants as the rich; and, on urgent occasions, will make great sacrifices to have the one they fancy, although they may have another for nothing. Then there are the Medical Clubs, and the Parish Surgeons, who all get their share of these rejected cases, whilst not a few are ministered to by the "wise women" of the place, whose skill, in the cure of some disorders, is often esteemed by the poor at a higher rate, than that of "all the doctors in the country."

† These are unhesitatingly asserted to be the most numerous of all the *really important* cases, which come under the cognizance of Dispensaries; for as to "contagious and infectious fevers," in the literal sense of the words, medical men, at least, know very well, that in the country towns of England, they cannot often be called upon to deal with them. The greater part of the other Dispensary patients consists of people with slight or temporary ailments; who, having large families, with no one to look after them in their absence, are unwilling to leave their homes in search of medical relief. To this class may also be added the various grades of persons who are described by the Registers as suffering from "debility and old age," and who, as may be fairly supposed, not being often to be benefited by drugs, ought not to be included among the *patients* of a *Medical Charity*. There can be no doubt, also, that many among these two classes are in sufficiently good circumstances to procure advice at their own cost; in fact, the constant application for gratuitous medical relief, by persons not entitled to receive it on the score of poverty, is the great curse of all Medical Charities. By it, the medical practitioners are seriously injured; and if, in conformity with the indignities it has latterly been the custom to heap upon the profession, this argument should be allowed to have no weight, it must be remembered, that, by this abuse of the charities, the really necessitous are deprived of, at least, a part of those means which were intended for them only.

careful watching ; and what is to become of them, or what is to be said of the value of the charity in this important particular, if, when *the one medical attendant* is called upon to visit any such cases, he is either not able to go, because engaged in seeing those who attend personally at the Institution, or in minuting the deliberations of the Weekly Committee, in his capacity of Secretary, or gone five miles into the country to visit one of his own private patients ! Or, suppose that he does go, and finds that he has several others to see in the same neighbourhood, some requiring instant relief ; not having any person at the Institution to dispense the prescriptions he might otherwise send home, he is either obliged to return himself for that purpose after each several visit, or his patients must wait for their medicine, until he has seen all who require his assistance. This delay, in children's complaints especially, is always accompanied with great risk : yet it is a delay that must unavoidably happen under the system described. The fault, however, it must be distinctly understood, is not with the medical officer, but with the system by which one is forced to do the work of many : and since nothing can be more unjust to the profession, than to exact such incongruous labours from it, it is deeply to be regretted, that any properly qualified member of it, should submit to such an imposition upon his time, and talents.

It appears, therefore, that without an adequate medical staff, even the most important part of the business of a Dispensary cannot be satisfactorily discharged : it should, therefore, be the earnest endeavour of its founders, subscribers, and well-wishers, to provide it efficiently in this particular ; and wherever this cannot be done, for their Institution, in the character of a separate establishment, for the reasons before alluded to, it ought, at once, to be united with any other in the neighbourhood, which will enable it to enjoy, by participation, the advantage desired.

It would be ridiculous, as well as disingenuous, to pretend to be ignorant that the foregoing remarks, although directed

against ill-ordered Dispensaries in general, are likely to receive a particular application ; in fact, that they will be thought, and even seen, to have a special reference to the one at Canterbury ; and since the defective arrangements already pointed out as exercising so injurious an influence in other Dispensaries, do exist to a remarkable degree in this, it is quite our intention that it should be so, in the hopes that a calm, unprejudiced exposition of them, will lead to their improvement. We are far from asserting, however, that this Institution is utterly useless, for we have had frequent occasion to see, and to acknowledge, that the benefits it affords, even in its present condition, are not insignificant ; but the truth must be spoken now that the subject has been once opened : those benefits are not nearly so great as they ought to be, and they will never become so, until many alterations be made in its present system ; the chief of which is, that a proper number of medical officers be appointed to it, in order that the one to whom the important duty of visiting the sick, at their own houses, is confided, may have nothing to interrupt his discharge of it ; whilst he may also possess the advantage of consulting a Physician, or Surgeon, in those cases of difficulty which must occur in every extensive public practice. From the want of such an arrangement, and from the impossibility of making it, the Canterbury Dispensary must, in justice, be ranked among those, which, for similar reasons, have been described as having no pretensions to maintain a separate existence ; and it is earnestly recommended to the Governors of it to exert themselves in procuring its union with the county Hospital without delay. No opposition, indeed, to such a project, can be rationally anticipated to originate with those at present interested in the Dispensary, since the advantages to be gained, are plainly all upon its side. The Governors of the Hospital may, indeed, reasonably doubt whether it will be prudent to enter into a connection which will entail fresh expenses upon their Institution ; but it is fair to argue, that a union, which promises to be

so advantageous to the sick poor, would excite anew the liberality of the public, so as to enable the partnership to be safely made, and prosperously continued; whilst, in fact, the subscriptions to the Dispensary, if merely kept up to their present amount, after the union, would be sufficient to conduct the business of it with effect. It is premature, however, and out of place, to argue here upon the difficulties which may be raised to the carrying out of such a project: after the Governors of the respective Institutions have been induced to entertain the scheme, it will be time enough to take such matters into consideration. We may be permitted, however, to shew, in outline, with what little alterations, and at what trifling risk, the Hospital might be prepared for such a connection; supposing, of course, that both parties consent to it. Thus, it will be only necessary—

1st. That the present subscriptions to the Dispensary be continued. 2ndly. That a duly qualified medical gentleman (who shall be provided with apartments, &c., within the Hospital, and on no account be allowed to engage in any other occupation,) be appointed at a salary of —, per annum, to visit, at their own homes, such patients as may require it; with the power of calling for the assistance of the Hospital Physicians and Surgeons, when he sees occasion.

This is, virtually, all that is needed, to effect the change suggested; for, by the second proposition, we get all that is wanted to make the present Hospital establishment an efficient Dispensary; and, by the first, we obtain the funds required to support it. Of course it will be necessary, afterwards, to make certain regulations, suitable to the internal government of the united charities: the subscriptions to either, for instance, may be wished to be kept distinct; and the position of the visiting officer, with regard to the Physicians and Surgeons, will have to be exactly defined, &c., &c. Such matters, however, are mere points of detail, and need not be enumerated, when merely setting forth the principles of the scheme; the

essentials for which are comprised in the two propositions just stated.

Before we dismiss this subject, a few words, in conclusion, to those connected with the present Canterbury Dispensary, may not be wholly uncalled for. It is scarcely necessary, we hope, to affirm, that in the foregoing observations, nothing has been further from our thoughts than to say anything offensive to any of them. The subject of the public medical charities, and especially those in this immediate neighborhood, is one in which we take a deep interest, and we are proportionately anxious to see them placed on their right footing. We even look upon it as a public duty, to use any little influence we may possess, in endeavouring to fix them there; and we earnestly assure those whom we are now addressing, that no paltry feeling of rivalry, or any other unworthy motive, has had the power to dictate one syllable of what has been here written. Neither, we think, can it be shewn that we have been at all more ready to discover faults, than to acknowledge merits; and least of all have we been so far led astray from the proper course of philosophical inquiry, as to make ill-natured remarks, merely for the purpose of giving point to an unmeaning sentence. Our object has been to shew, by general arguments, that no Dispensary, constituted like theirs, can execute what is required of it: in the progress of this task, and convinced of the necessity for its performance, we may often have found it requisite to express our opinions plainly, and undisguisedly, and not to shrink from the exposition of general defects, merely because they may have a particular application: but, at the same time, it has been our anxious endeavour to pursue it, in a spirit of candour and truth, without personality, or illiberal reflections; and we sincerely hope that this will be evident to them.

TABLE III.—SHEWING THE DISEASES, &c., WITH THE RESULT OF TREATMENT, IN THE FEMALE MEDICAL PATIENTS.

NAME OF DISEASE.	Number of Patients affected with.	Average Age.	Average number of Days in the Hospital.	Average number of Days ill before admission.	Well.	Great Benefit.	Relieved.	No Benefit.	Made Out-Patients.	Died.
GENERAL DISEASES.										
Simple Continued Fever ..	3	41	42	28	3					
Bilious Remittent Fever ..	19	18	48	96	16		2		1	
Chlorotic Fever ..	8	19	50	109	4	3			1	
Scarlet Fever ..	1	27	74	7	1					
Hysteria ..	30	22	64	200	7	7	2	2	12	
Anæmia ..	18	23	48	150	14				4	
Debility, &c., after Fever ..	1	16	30	42	1					
Strumous glandular enlargements ..	2	29	29	730				1	1	
Chlorosis ..	25	18	56	246	16	3			6	
LOCAL DISEASES.										
<i>Of the Head.</i>										
Acute Hydrocephalus ..	1	17	21	4						1
Chronic Meningitis ..	1	39	63	68					1	
Sanguineous Apoplexy ..	2	33	23	7						1
Congestive Head-ache ..	3	19	42	64	2	1				
Cephalæa Biliosa ..	6	19	65	110	5	1				
Cephalæa Nervosa ..	5	29	55	157	2	2			1	
<i>Of the Thoracic Viscera and Air-passages.</i>										
Acute Pneumonia ..	2	19	61	10	2					
Chronic Bronchitis ..	13	25	50	177	9	3	1			
Phthisis Pulmonalis ..	12	32	39	174			4	2	3	3
Hæmoptysis (from tubercles)	3	27	44	60		1		1	1	
Hypertrophy of Heart, with valvular disease ..	2	31	30	393				1		1
Dilatation of the Heart ..	1	16	29	21						1
Chronic Pericarditis (from Rheumatism) ..	3	21	49	102			1	2		
Palpitatio Cordis ..	1	14	56	90	1					
Pleurodynia ..	1	21	49	182	1					
Tonsillitis ..	1	16	35	121		1				
Laryngismus stridulus ..	1	17	35	730	1					
Phthisis Laryngea ..	1	37	63	148				1		
Ulceration of soft palate ..	1	29	56	14					1	
<i>Of the Abdomen and Viscera.</i>										
Acute Peritonitis ..	2	20	41	25						2
Enteritis, and Peritonitis ..	1	25	12	140						1
Inflammation of Cæcum ..	2	59	21	37	1			1		
Dysentery ..	3	26	44	57	2				1	
Hæmatemesis ..	5	19	69	70	2	1	1		1	
Gastralgia Nervosa ..	16	26	58	86	9	4			3	

(Table III. continued.)

<i>Of the Abdomen and Viscera.</i> (Continued.)										
Colica Biliosa ..	2	18	56	30	1				1	
Constipation ..	4	18	42	266	4					
Hepatitis ..	12	28	47	120	6		3	1	2	
Ascites (with Heart disease) ..	3	25	48	77				1		2
Jaundice ..	2	37	24	165	1	1				
Nephritis ..	1	22	56	60					1	
Tubercular ulceration of Kidneys ..	1	34	18	365						1
Enteralgia ..	3	30	52	110	2	1				
Melena ..	2	33	52	45	1				1	
Hypochondriasis ..	1	55	66	365		1				
Sub-acute Gastritis ..	8	30	57	79	6	2				
Ovarian Dropsy ..	5	35	42	636			2	2	1	
Tumor Abdominis (not specified) ..	1	56	18	1095				1		
<i>Of the Pelvic Viscera.</i>										
Scirrhus Uteri ..	1	42	70	92					1	
Prolapsus Uteri ..	2	65	49	31	1	1				
Procidentia Uteri ..	1	55	59	42					1	
Menorrhagia ..	1	46	45	120					1	
Amenorrhoea (suppression) ..	5	19	59	271	4	1				
Amenorrhoea (emansio) ..	3	15	74	263	3					
Leucorrhoea ..	2	18	80	322	2					
Psoas abscess ..	1	20	70	122		1				
Irritable Bladder ..	1	24	56	182					1	
<i>Of the Joints and Voluntary Muscles.</i>										
Acute Rheumatism ..	4	25	39	14	4					
Capsular Rheumatism ..	10	41	51	155	3	3	1		3	
Muscular Rheumatism ..	7	30	63	134	5	1			1	
Paraplegia (from cold) ..	2	32	52	120		2				
Paralysis ..	3	43	262	51	1	2				
Paralysis (Hysterical) ..	2	32	84	365	1	1				
Morbus Coxarius ..	1	29	94	63			1			
Periostitis ..	3	42	66	200	2			1		
Inflammation and Suppuration of Mastoid Muscle ..	1	36	91	61					1	
Curved Spine ..	1	36	32	120				1		
<i>Of the Nervous System.</i>										
Tic Douleureux ..	1	54	32	365	1					
Sciatica ..	4	33	65	173	2	1			1	
Chorea Sancti Viti ..	11	16	47	106	4	2			5	
Neuralgia of the Scalp ..	2	30	66	80	1				1	
Hysterical Aphonia ..	4	23	51	143	2	1	1			
Hysterical passion ..	4	18	60	180	1	1	1	1		
Hysterical Amaurosis ..	2	36	63	720					2	
Spinal Irritation ..	2	22	71	121	1	1				
<i>Of the Skin.</i>										
Psoriasis Diffusa ..	5	22	59	273	2	2			1	
Eczema ..	2	15	47	150	1				1	
Erythema Nodosum ..	5	17	52	15	5					
Phlegmonous Erysipelas ..	3	28	33	75	3					
Noli me tangere ..	1	18	168	1095					1	
Lepa Vulgaris ..	2	15	68	320	1				1	
Ecthyma ..	2	20	85	201	1				1	
Oedema of leg (from Phlebitis) ..	1	20	25	7	1					
Total	343				173	52	20	19	66	13

TABLE IV.—SHEWING THE DISEASES, &c., WITH THE RESULT OF TREATMENT IN THE MALE MEDICAL PATIENTS.

NAME OF DISEASE.	Number of Patients affected with.	Average Age.	Average Number of Days in the Hospital.	Average number of Days ill before Admission.	Well.	Great Benefit.	Relieved.	No. Benefit.	Made Out-Patients.	Died.
GENERAL DISEASES.		Yrs.	Dys.	Dys.						
Continued Fever ..	4	40	32	19	3				1	
Remittent Fever ..	4	30	34	112	4					
Intermittent Fever ..	1	37	45	21	1					
Debility after Fever ..	4	25	37	38	4					
Cachexia ..	5	39	44	102	1	1	1	1	1	
Typhus Fever ..	1	30	3	49						1
Struma ..	2	30	66	160		1			1	
LOCAL DISEASES.										
<i>Of the Head.</i>										
Meningitis ..	1	37	63	56	1					
Congestive Head-Ache ..	3	42	28	300	2				1	
Bilious Head-Ache ..	4	27	46	119	3				1	
Tubercular Disease of Brain	1	26	15	180						1
Epilepsy (from Cerebral disease) ..	2	31	54	139	1			1		
Sanguineous Apoplexy ..	1	50	1	2						1
Chronic Dementia (after meningitis) ..	2	45	32	405				2		
Epistaxis ..	1	17	56	91	1					
<i>Of the Thoracic Viscera, and Air Passages.</i>										
Pneumonia ..	2	33	35	60	1	1				
Bronchitis (Chronic) ..	15	44	46	109	7	1			7	
Pleuritic Effusion ..	2	40	56	163	1	1				
Phthisis Pulmonalis ..	18	30	46	150			4	7	6	1
Hypertrophy of Heart (with disease of Valves) ..	5	25	34	134			2		1	2
Dilatation of Heart ..	3	46	34	150	1			1		1
Rheumatic Pericarditis ..	5	34	31	44					4	1
Aneurism of Ascending Aorta ..	2	43	33	270				1		1
Acute Catarrh ..	7	29	20	18	5				2	
Hæmoptysis ..	3	39	52	150				2	1	
Phthisis Laryngea ..	2	33	32	160			1	1		
Emphysema Pulmonum ..	2	53	58	150	1		1			

(Table IV continued.)

<i>Of the Abdomen and Viscera.</i>										
Ascites ..	8	45	59	120		1	2	2	1	2
Peritonitis (Chronic) ..	2	34	70	65		2				
Tubes Mesenterica ..	4	13	41	120	2	2				
Enteritis ..	2	28	33	56	1				1	
Inflammation of Transverse										
Colon ..	3	26	47	62	1	1				1
Bilious Colic ..	4	19	42	67	1				3	
Diarrhoea ..	4	49	67	80	1	1			2	
Chronic Gastritis ..	6	40	47	127	2	1			3	
Hypochondriasis ..	4	46	78	188	1		1	1	1	
Hepatitis (Chronic) ..	8	43	58	139	2	2	1	1	2	
Hepatic Abscess ..	1	44	84	21	1					
Carcinoma of the Pancreas										
and Liver ..	1	34	42	240				1		1
Cancer of the Pylorus ..	1	52	14	91						
Enlarged Spleen ..	1	9	56	730			1			
<i>Of the Joints and Voluntary Muscles.</i>										
Acute Rheumatism ..	8	25	35	13	8					
Capsular Rheumatism ..	28	40	48	219	13	9	2		4	
Muscular Rheumatism ..	18	38	43	130	8	4	5		1	
Rheumatic Periostitis of the										
Orbit ..	1	41	49	42	1		1			
Periostitis Tibiæ ..	2	34	73	105	1		1			
Paraplegia from inflammation										
of Medulla Spinalis ..	2	30	21	56					1	1
Paralysis of Limbs (from										
cold) ..	4	25	67	157	1		2	1		
Spinal distortion ..	2	30	37	255					2	
<i>Of the Nervous System.</i>										
Neuralgia ..	3	20	33	144	2				1	
Sciatica ..	7	42	52	135	3		1		3	
Chorea Sancti Viti ..	5	11	50	122	2	1			2	
Delirium Tremens ..	1	41	77	28		1				
Poisoning with Laudanum ..	1	26	1							1
<i>Of the Skin.</i>										
Psoriasis Diffusa ..	5	31	65	315	3	1				1
Lepra Vulgaris ..	2	40	79	152	1				1	
Impetigo Scabida ..	2	27	37	124	1			1		
Erysipelas of Arm ..	2	17	35	21	1	1				
Scrofulous inflammation of										
the leg ..	1	15	35	730		1				
Syphilis (inadvertently ad-										
mitted) ..	1	33	1	90					1	
Total	246				94	33	25	23	55	16

TABLE V.—SHEWING THE DISEASES, &c., WITH THE RESULT OF TREATMENT, IN THE MALE SURGICAL PATIENTS.

NAME OF INJURY OR DISEASE.	Number of Patients affected with.	Average Age.	Average Number of Days in the Hospital.	Well.	Great Benefit.	No Benefit.	Made Out-Patients.	Operations and Results.	Died.
INJURIES AND EMERGENCIES.									
		Yrs.	Days						
Simple fracture of the Leg . .	7	38	77	7					
Compound fracture of the Leg . .	2	24	175	2					
Simple fracture of the Femur . .	2	32	84	1			1		
Compound comminuted fracture of Arm . .	1	56	97				1		
Compound fracture of Metatarsus	1	62	109					1 Ampt. (well)	
Simple fracture of Humerus . .	1	15	33	1					
of Ulna . .	1	17	27	1					
of Fibula . .	1	44	42	1					
Fractured Ribs with wound of the Lung . .	1	57	3						1
Fractured Femur and torn Artery (gunshot) . .	1	11	46						1
Concussion of Brain and fracture of fore-arm . .	1	17	55	1					
Laceration of Hand (gunpowder)	1	50	35	1					
Incised wound of Ulnar Artery . .	1	40	69	1					
Incised wound of the Scalp . .	4	24	15	4					
of the Knee . .	4	19	33	3			1		
of the Foot . .	2	44	52	2					
Lacerated wound of the Hand . .	3	27	23	1			2		
Contusion of Joints . .	10	28	27	6	1		3		
Contused injury of Back (from falls)	6	30	46	2	1		3		
Internal injury from blows on Abdomen . .	3	40	28	2					1
Concussion of the Brain . .	3	38	16	3					
Extensive burn from boiling pitch	1	46	94	1					
Strangulated Inguinal Hernia . .	1	41	3					1 Reduced	
Retention of Urine (stricture) . .	1	57	9	1					
Sphacelus of Foot from injury . .	1	62	63				1		
Contusions (various) . .	3	23	15	2			1		
DISEASES.									
<i>Of the Eye and Appendages.</i>									
Purulent Ophthalmia . .	2	33	24				2		
Strumous Ophthalmia . .	5	10	40	4			1		
Iritis . .	3	40	45	3					
Pterygium . .	2	25	90			1	1		
Fistula Lacrymalis . .	4	40	40	1	1	2			
Fungoid disease of the Orbit . .	1	67	63				1		
Amaurosis . .	2	58	77			2			

(Table V. continued.)

<i>Of the Urinary Organs.</i>										
Chronic inflammation of Bladder	2	51	42	1				1		
Enlarged Prostate ..	2	56	41		1			1		
Stricture of Urethra ..	2	44	31		1	1				
Hydrocele ..	3	33	60	1				2		
Inflammation with enlargement of Testes ..	3	19	15	3						
Fungoid disease of Testis ..	1	40	91						1	Excis'd(well)
Stone in the Bladder ..	1	77	98						1	crush'd(well)
<i>Of the Joints & Osseous System.</i>										
Chronic disease of Knee Joint ..	10	32	96	2	2	3	1		2	Ampt. (well)
Strumous disease of Ankle Joint	3	21	131		1	1			1	Ampt. (well)
Ulcerative disease of Wrist and Hand ..	4	31	63	1	1			2		
Inflammation of ligaments of Shoulder ..	2	29	42	1			1			
Exfoliation of digital Phalanges (from injuries) ..	3	38	59	1				2		
Morbus Coxarius ..	10	21	64	3	2	4		1		
Spinal Distortion ..	2	9	56			1	1			
Necrosis Tibiæ ..	6	20	65	2	1	3				
Anchylosis of Elbow ..	1	21	3				1			
Disunited fracture of Femur ..	1	42	133	1						
<i>Ulcerations and Abscesses.</i>										
Irritable Ulcer of the Leg ..	7	32	78	4		2		1		
Varicose Ulcer of the Leg ..	18	47	49	7	6	3		2		
Cancerous Ulcer of Lip ..	3	62	36				1		2	Excis'd(well)
Strumous Ulceration of Thigh ..	1	16	112	1						
of Arm ..	3	33	54					3		
Glands of Groin	6	22	35	3		1		2		
Glands Axilla	2	24	23	2						
Fistula in Perineo ..	4	37	32	1	2			1		
Lumbar Abscess ..	3	21	90				2	1		
Abscess in Thigh ..	5	18	74	4				1		
Abscess in Hip ..	3	19	76	1	1			1		
Chronic Ulceration of Throat ..	1	31	73	1						
<i>Of the Skin.</i>										
Phlegmonous Erysipelas ..	4	29	28	1			1	2		
Impetigo ..	3	28	50		1			2		
Cancerous Tumor of the Jaw ..	2	69	75				1	1		
Fungoid Tumor in the Pharynx	1	67	52							1
Varicose Tumor on the Elbow ..	1	21	17				1			
Wasting of Deltoid Muscle (from blows) ..	2	37	89				2			
Enlarged Glands of the Neck ..	1	20	28					1		
Total ..	208			92	21	25	16	41	9	4

TABLE VI.—SHEWING THE DISEASES, &c., WITH THE RESULT OF TREATMENT IN THE FEMALE SURGICAL PATIENTS.

NAME OF INJURY OR DISEASE.	Number of Patients affected with,	Average Age.	Average Number of Days in the Hospital.	Well.	Great Benefit.	Benefit.	No Benefit.	Made Out-Patients.	Died.
INJURIES AND EMERGENCIES.									
Simple Fracture of both Thighs ..	1	79	68						1
Fractured Neck of Thigh bone ..	1	83	10						1
Gunshot wound of Leg ..	1	38	14					1	
Concussion of the Brain ..	1	24	7	1					
Burns ..	5	16	42	3				1	1
Contused and Sprained Joints	8	19	54	4		1		3	
Contused injury of the Back	2	19	54					2	
DISEASES.									
<i>Of the Eye and Appendages.</i>									
Ophthalmia with Opaque Cornea ..	6	13	46	3	1			2	
Iritis ..	3	24	48		1			2	
Granular Eye-lids ..	3	18	28	1	1			1	
<i>Of the Joints.</i>									
Chronic Ulcerative disease of the knee ..	13	30	51	2	4	3		3	1
Inflammation of Bursa Patellæ ..	7	19	51	4	3				
Morbus Coxarius ..	2	15	55	1		1			
Scrofulous inflammation, &c., of Wrist Joint ..	5	18	49		1	1		3	
Inflammation of Ligaments of Elbow Joint ..	1	10	32	1					
<i>Of the Bones and Periosteum.</i>									
Caries of the Spine ..	1	24	84					1	
Necrosis Tibiæ ..	1	13	102		1				
Exfoliation of Bones of Metatarsus ..	2	31	36	1	1				
Shortening of Femur from Fracture ..	1	14	32				1		

(Table VI. Continued.)

<i>Of the Pelvic Viscera.</i>								
Prolapsus Uteri ..	2	71	23				1	1
Stricture of the Rectum ..	1	40	87			1		
Stone in the Bladder ..	1	10	168				1	
Fistula in Ano ..	6	24	96		2	1	1	2
<i>Ulcerations and Abscesses.</i>								
Irritable Ulcers of the Leg	12	28	61	5	3	2	1	1
Varicose Ulcers of the Leg	4	21	51	2	2			
Scrofulous Ulceration of the Thigh ..	4	28	50	3	1			
Ulceration of Throat ..	2	18	32	1	1			
— Glands of Neck ..	5	21	41	1	2			2
Abscess of Hip ..	3	30	59		1			2
— Axilla ..	2	41	77	1		1		
<i>Of the Breast.</i>								
Cancer of the Breast ..	3	46	34				3	
Tumor of the Breast (not specified) ..	2	34	56			1	1	
<i>Of the Skin and Cellular Tissue.</i>								
Diffused inflammation of the Leg ..	2	29	35	2				
— of the Arm ..	1	19	28	1				
Phlegmonous Erysipelas of Face ..	2	12	41					2
Stricture of the Æsophagus	1	54	10		1			
Total	117			37	26	12	9	27
								6

NOTE.—Only 914 cases out of the whole number admitted (viz. 1,005) are described in the tables, since the remaining 91, being still under treatment, the results cannot be shewn. It is also to be observed, that several of the patients who are set down as having received “No Benefit” were discharged for some kind of irregularity or disobedience: but it was not thought necessary to make a separate entry of these in a strictly medical table. They are about ten in number.

TABLE VII.—SHEWING THE INDIVIDUAL AGES, &c., OF THE MALE PATIENTS.															
Nos. Married and Single.	Ages 5 to 10		Ages 10 to 20		Ages 20 to 30		Ages 30 to 40		Ages 40 to 50		Ages 50 to 60		Ages 60 to 70		Occupations.
	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.	No. Yrs.		
Married	1 of 5	8 of 11	10 of 21	5 of 31	14 of 41	3 of 51	3 of 61	71	Field Labourers ..	248					
	3 7	5 12	6 22	8 32	7 42	4 52	3 62	1 72	Out-door Servants..	15					
	5 8	3 13	9 23	4 33	7 43	5 53	4 63	73	In-door Servants ..	13					
Unmarried	7 9	10 14	15 24	7 34	8 44	8 54	3 64	1 74	Shoemakers ..	20					
	6 10	9 15	14 25	8 35	10 45	6 55	4 65	1 75	Gardeners ..	5					
									Carpenters ..	17					
Unknown.....									Blacksmiths ..	14					
									Mariners ..	28					
									Ostlers ..	8					
Under Adult Age..									Tailors ..	4					
									Basket Makers ..	2					
									Bricklayers ..	4					
									Bakers ..	5					
									Coachmen ..	3					
									Painters, &c. ..	5					
									Brewers ..	3					
									Policemen ..	2					
									Paper-maker ..	1					
									Children ..	35					
									Unknown ..	22					
Total	454	22	110	93	69	73	47	34	6						454

TABLES

SHewing THE DISEASES, &c., WITH THE RESULT OF TREATMENT, IN
THE 78 PATIENTS WHO WERE MENTIONED AS REMAINING UNDER
TREATMENT IN THE HOSPITAL, AT THE DATE OF THE LAST REPORT :—

TABLE IX.—MALES MEDICAL.

NAME OF DISEASE.	Number of Patients affected with.	Average Age.	Average Number of Days in Hospital.	Average Number of Days ill before admission.	Well.	Great Benefit	Relieved.	No Benefit.	Made Out-Patients.	Died.
		Yrs.	Days	Days						
<i>Of the Head.</i>										
Apoplexy followed by Hemiplegia ..	1	57	59	365				1		
Cephalalgia Nervosa ..	1	70	70	112					1	
<i>Of Thorax and Viscera.</i>										
Acute Bronchitis ..	1	17	42	14	1					
Chronic Bronchitis ..	1	60	59	61	1					
Phthisis Pulmonalis ..	2	20	37	182					1	1
Grangrene of the Lungs	1	49	24	14						1
Chronic Pneumonia ..	1	57	24	190						1
<i>Of Abdomen & Viscera.</i>										
Chronic Enteritis ..	1	33	87	180					1	
Hypertrophy of Liver	1	61	59	42					1	
<i>Of Nervous System.</i>										
Paralysis Agitans ..	1	40	84	182		1				
Sciatica ..	1	54	46	63	1					
<i>Of the Joints.</i>										
Rheumatism (Chronic)	1	35	53	242	1					
<i>Of the Skin.</i>										
Psoriasis ..	1	63	45	730		1				
Syphilitic Eruption ..	1	30	38	180				1		
Abscess and Ulcers after Fever ..	1	53	35	42	1					
Total	16				5	2		2	4	3

TABLE X.—FEMALES MEDICAL.

NAME OF DISEASE.	Number of Patients affected with.	Average Age.	Average Number of Days in the Hospital.	Average Number of Days ill before admission.	Well.	Great Benefit.	Relieved.	No Benefit.	Made Out-Patients.	Died.
GENERAL DISEASES.		Yrs.	Days	Days						
Simple Continued Fever	1	17	61	42	1					
Remittent Fever ..	2	16	98	140	2					
Hysteria ..	4	21	88	200	1	1	1		1	
Chlorotic Fever ..	2	17	63	142	2					
Anæmia ..	3	22	65	182	3					
Struma ..	1	28	90	1560					1	
LOCAL DISEASES.										
<i>Of Thorax and Viscera.</i>										
Pleurodynia ..	1	18	77	180	1					
Phthisis Pulmonalis ..	3	28	114	196			2	1		
Disease of Heart ..	1	55	105	730					1	
Palpitation of Heart ..	1	20	88	365			1			
Inflammation of Pharynx	1	26	70	485			1			
<i>Of Abdomen.</i>										
Dysentery ..	1	64	98	49					1	
Hepatitis (Chronic) ..	1	27	42	21	1					
Amenorrhœa ..	1	17	49	180	1					
<i>Of Nervous System.</i>										
Delirium Tremens ..	1	45	32	365						1
Neuralgia of Leg ..	1	21	91	98		1				
Paraplegia from Cold ..	1	35	59	21					1	
<i>Of the Skin.</i>										
Psoriasis ..	1	69	105	421					1	
Total ..	27				12	2	5	1	6	1

TABLE XI.—MALES SURGICAL.

NAME OF INJURY OR DISEASE.	Number of Patients affected with.	Average Age.	Average Number of Days in Hospital.	Well.	Great Benefit.	Relieved.	No Benefit.	Made Out-Patients.	Died.
INJURIES AND EMERGENCIES.									
		Yrs.	Days						
Fracture of the Pelvis, &c...	1	35	1						1
Simple Fracture of Tibia ..	1	21	46	1					
— Fracture Femur and Humerus ..	1	33	210	1					
— Fracture of both Thighs	1	45	145	1					
Punctured Wound through Perineum ..	1	34	62						1
Calculus in Urethra ..	1	14	38	1					
Injury of the Back ..	1	35	7					1	
Contusion of Thigh ..	1	29	67					1	
Internal Injury ..	1	37	59	1					
DISEASES.									
<i>Of the Joints.</i>									
Hip Disease ..	2	22	136		1		1		
Chronic Disease of Knee ..	1	15	35	1					
<i>Of the Eye.</i>									
Iritis ..	1	21	77					1	
<i>Of the Bladder.</i>									
Inflammation Mucous Membrane ..	1	30	87					1	
<i>Abscess.</i>									
Abscess of Thigh ..	1	20	66	1					
Lumbar Abscess ..	1	30	168			1			
<i>Ulcers.</i>									
Ulcer of the Leg ..	4	48	100	2	1	1			
Ulcer Glands of Groin ..	1	72	80						1
Ulcer of Tongue (Cancerous)	1	68	112						1
Ulcer Mucous Membrane of Nose ..	1	16	39	1					
Ulcer of Thigh ..	2	38	58					2	
Necrosis Tibiæ ..	1	13	119					1	
Total	26			10	2	2	1	7	4

TABLE XII.—FEMALES SURGICAL.

NAME OF DISEASE.	Number of Patients affected with.	Average Age.		Average number of Days in Hospital.	Well.	Great Benefit.	Relieved.	No Benefit.	Made Out-Patients.	Died.
DISEASES.										
<i>Of the Joints.</i>		Yrs.	Days							
Inflammation Bursa of Knee	1	23	56	1						
Chronic Disease of Knee	..	2	49	145	1			1		
Joint	..	1	20	190	1					
Abscess of Knee	..	1	20	190	1					
<i>Of the Eye.</i>										
Strumous Ophthalmia	..	1	12	77	1					
Cataract	..	1	60	88				1		
<i>Ulcers.</i>										
Ulcer of the Ankle	..	1	9	178					1	
Ulcer of the Tongue (Can-	..	1	31	108					1	
cerous)	..	1	31	108					1	
Ulcer of the Back	..	1	22	157	1					
Total		9			5			2	2	

NOTE.—These four tables are to be looked upon as a continuation of those published in the former Report. They give the details of those cases, which were then only alluded to as remaining under treatment, (see page 7, Report 1st.,) and therefore complete the account of the 1122 patients who were then said to have been admitted.

REMARKS ON THE TABLES.

It will be evident to all who are acquainted with the subject, that no regular, orthodox system of nosology has been attempted to be followed, in arranging the diseases set down in the foregoing tables; they have merely been classed according to the seat they have occupied, all of those affecting the same region of the body being grouped together as diseases of that region, without any regard to their nature being similar or different.

This arrangement, though confessedly unscientific, is, at once, simple, natural, and effective. It is true that many diseases, which have not even a supposed affinity to each other, either on the score of similar structural changes, or exciting causes, become thus placed under the same head, as if they were really analogous in these respects. But, in the present instance, certainly, it is by no means necessary to regulate our classification, in conformity with such particulars, since it is only required to show what the diseases really are, without caring to arrange them according to their "pathological identities," which are, perhaps, quite as often assumed as real. In fact, a comprehensive nosology, based upon such a method, and which shall be capable of answering all the ends required of it, has certainly yet to be devised; and, this being the case, it will be better not to have recourse to any at present in use, so long as we can get on intelligibly without them. Besides, custom has sufficiently authorised the plan now adopted, the elaborate tables of the Registrar General being formed upon the same principle, which has, at least, this important advantage, over a more laboured one—that, whilst it conveniently and accurately exhibits practical facts, it does not lead to

false inferences, being entirely free from those theoretical views, which must always form a part of the more studied arrangement. A primary division of the diseases, into general and local, has been made : in the first, fevers, and other maladies, which appear to disturb the functions of the body generally, and to which it would be difficult, or at least speculative, to assign a "local habitation and a name," have been included. In the second, are they, whose symptoms can be traced to affections of a particular structure or organ, and may, therefore, be well enough denominated local.

The general facts exhibited by the present tables, are strikingly in accordance with those presented by the former ones ; and particularly as regards the nature of the diseases enumerated in both. It is chiefly, indeed, by furnishing means for such comparisons on a large scale, that these tabular summaries become useful ; and dry as such details may be, in themselves, the purposes to which they may be applied render them interesting. By them we are enabled to observe the invasion of new diseases, or the decline of old ones ; to obtain positive information of their general characteristics ; to learn the peculiar circumstances, which appear to foster or produce them ; the power of age, sex, or condition, in resisting them ; the proportion in which they are either fatal, remediable, or curable ; and many other important particulars, which tend to the advancement of medical science, and, consequently, to the good of the community. Statistical Reports, undertaken with these ends, are universally allowed to be of the first importance in a hygienic sense, in those treacherous regions of the world, where malignant fevers decimate the people, where plague and cholera may be said to be endemic, where dearth and famine are frequent visitors, and where the very breath of Heaven seems to carry a pestilence with it ; and though the inhabitants of this favored clime are not exposed to horrors such as these, the labours referred to are still necessary for their welfare also, since it is incontestably true, that many of the diseases they suffer from, arise from causes

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either connected with peculiar habits, occupations, food, or noxious conditions of the atmosphere, which are only likely to be detected and avoided by carefully watching the diseases produced by them. It was observed in our former Report, that the same diseases are, year after year, encountered in the same locality.* A few fresh ones, arising from accidental causes, now and then start up, but the prevailing ones are constantly the same; and so long as the neighborhood shall undergo no decided change, such as its conversion into a manufacturing district from an agricultural one, this unvarying round of the same class of diseases will continue to characterise it.

It even appears that any departure from their natural, or customary course, or any peculiarity in their symptoms, which has once obtained, remains with them, as a distinguishing feature, afterwards, and comes, at length, to impress them with a degree of individuality, which renders them, more or less, intractable to those remedies, which are successfully employed for their relief elsewhere; and *vice versa*.

This is certainly the case here; the records of the County Hospital, for many years back, tell the same unvarying tale, as

* In a work of stupendous learning, lately written by Professor Marx, of Göttingen, on the character and writings of Theophrastus von Hohenheim, better known by the name of Paracelsus, is to be found the following passage (as translated from the original by the Reviewer in the British and Foreign Medical Review for July), expressive of the opinions of this "Medical Luther" on Geographical Nosology:—"Every nation possesses its medicine within itself. I can well imagine that my recipes are ineffectual with foreigners, and those of foreigners with us. I write for Europe; whether my prescriptions will do for Asia or Africa I know not. As every day has its own evil, every religion its own wrong; so has every nation, province, valley, and climate, its own form of disease. If every physician were to describe the physical properties of his own locality, and this to be done generally, it would be possible to compose a medical work of lands and water as truly as a map of the globe." These are the remarks of a philosophical observer and deep thinker, upon the subject glanced at in the text; the author of them was, at least, a century before the men of his time in medical acquirements; and, accordingly, history scarcely affords a parallel to the virulent hostility with which he was pursued during life, or to the envious malignity with which his memory was assailed, when (invincible to aught besides) death had at last conquered him.

to the character of the maladies received into it; and it is a remarkable fact, and one which everybody is at liberty to explain as best he may, that even the length of time during which the patients have been ill before admission, will be found to be always nearly the same in several hundred cases of the same disease.* The number of days which the patients have remained under treatment in the House, will be found to differ but very slightly, during the last five years; the proportion of cures and deaths among them seems also to follow some regular law, the ratio never being disturbed by any violent differences; a certain number are cured, and a certain number die, apparently as a matter of course.

Some of these points may be made out by the tables which have gone before, whilst others are attempted to be shewn in those which immediately follow, the first of which should be compared with that at p. 72.

* The chronic nature of the majority of the diseases received into this Hospital was mentioned in the former Report. It was there insisted, that this particular feature of them must be taken into account, before any conclusions could be fairly drawn as to the success of the treatment, or the length of time required to be employed in it. There are very many cases admitted, where even a moderate degree of relief cannot be expected under three or four months' persevering attention; and, unless this chance be given to the sufferers, they must remain either invalids, or cripples, for the rest of their lives; and who shall say that this chance ought to be refused them, in a public charity, merely because they may cost a pound or two more than their neighbors?

TABLE XIII.—SHEWING THE NUMBER OF IN-PATIENTS, MALE AND FEMALE, ADMITTED IN EACH YEAR FROM 1836 TO END OF 1841, WITH THE NUMBER OF CURES, DEATHS, &c., WITH THE NUMBER OF EACH FROM CANTERBURY IN THAT TIME.																			
Years.	Total Number Admitted.		Number admitted from Canterbury		Of those admitted from Canterbury.				Total made Out-Patients.		Of the Number made Out-Patients.				Total Number Cured.		Total Number Died.		Average No. of Days in Hospital.
					Cured.		Died.		Cured.		Died.								
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1837*	152	79	46	27	17	10	1	0	47	49	12	9	0	1	66	34	6	3	47
1838*	253	166	85	60	34	27	8	3	61	25	16	5	3	1	80	48	17	6	58
1839	266	282	78	83	27	37	3	3	49	40	12	5	4	1	98	99	13	10	56
1840	324	268	87	92	30	40	2	6	110	56	23	10	6	4	100	119	22	18	56
1841	294	312	79	101	34	49	3	5	65	73	26	24	3	0	132	118	10	11	54
Total ..	1289	1107	375	363	142	163	17	17	332	243	89	53	16	7	476	418	68	48	271
Annual Average	257.8	221.4	75	72.6	28.4	32.6	3.4	3.4	66.4	48.6	17.8	10.6	3.2	1.4	95.2	83.6	13.6	9.6	54.2

** In these two years no Female In-patients were admitted (owing to the repairs) from the end of June, 1837, to May 29th, 1838, on which day the new wing was opened.

TABLE XIV.—SHEWING THE PROPORTION OF CURES AND DEATHS IN EVERY HUNDRED PATIENTS, MALE AND FEMALE, BOTH IN AND OUT, DURING THE YEARS 1837—1841, WITH THE AVERAGE IN THESE FIVE YEARS.

IN-PATIENTS					OUT-PATIENTS.			
Years.	Number of Cures per Cent.		Number of Deaths per Cent.		Number of Cures per Cent.		Number of Deaths per Cent.	
	M	F	M	F	M	F	M	F
1837	43.4	43.	3.9	3.7	32.6	32.4	2.	2.
1838	31.6	28.9	6.7	3.6	32.5	42.3	4.3	1.4
1839	36.8	35.	4.5	3.5	38.5	37.9	3.5	1.6
1840	30.	44.4	6.7	6.7	30.	36.8	4.1	2.
1841	44.8	37.8	3.4	3.5	40.3	42.	3.6	1.1
Average.....	37.3	37.8	5.0	4.2	34.7	38.2	3.5	1.6

It has been urged, even by those who are supposed to be sufficiently well informed upon the subject, that the patients are allowed to remain in the Hospital an unreasonable length of time, to the impoverishment of its already scanty finances. This assertion, if it mean anything, implies that they are kept there longer than they ought to be, or longer than is prescribed by the Rules: but what is the fact? The term allowed by the laws for the stay of each patient, before he is declared to be "overtime," is, for the In-patients, eight weeks, or fifty-six days, and for Out-patients, twelve weeks, or eighty-four days. Now, it will be seen by Tables 1 and 13, that neither of these classes of patients, during the last five years, has remained, on the average, even up to its full time on the Books, much less beyond it; the term being fifty-four days, in the

one case, and seventy-one days in the other. We are quite willing to believe that they who, trusting to imperfect investigations, have been induced to imagine, and have led others to imagine, that the reverse of this was the fact, have done so from innocent ignorance of the real state of the case ; but, at the same time, we must maintain that it was clearly their duty to take the trouble of assuring themselves that their assertion was correct before they made it. Doubtless, it is easy enough, to pick out *individual examples*, where the treatment in the House has been continued for a great length of time, and hence to descant upon the expense attending them ; but this is not even an honest way of dealing with the question, which can only be fairly decided by taking the average of the whole ; and then, as regards these protracted cases, every body who knows anything of hospital practice, will know also, that they must frequently occur, both in medicine and surgery, without there being any help for it : and, thank Heaven, the itch for saving has not yet reached to such a point, as to cause the inmates of a public "CHARITY" to be sent about their business, so soon as they are able to crawl, merely because they happen to have been a few weeks longer in it than is customary. It has been proposed (by way of compromise) that the recommendations of such patients shall be renewed, instead of allowing them to remain beyond the regular time upon the first one. But this suggestion, if acted upon, would, indeed, imply that they were kept longer than was absolutely necessary, since it would appear as though the mere recommendation was all that was needed to sanction their retention, no reference being made to their actual condition ; whereas, the only consideration should be, whether they are ill enough to require medical assistance, and likely to be benefited by an extension of it. If this be answered in the affirmative, they ought to be kept, though the recommendation be a year old ; and if in the negative, they ought not to be allowed to stay, if they possessed fifty recommendations.

With the view of determining whether the patients of this

Hospital remained under treatment a greater length of time than those received into other medical charities of the provinces, the table published in 1830, by Rev. C. Oxenden, was referred to. The returns, on this particular point, as regards the Out-patients, are there only given from twelve of the provincial Hospitals, so that our calculation for the In-patients has been only made from a similar number; and the result is, that the former remain ninety-eight days (on the average) under treatment, and the latter fifty days!—being a trifle less than our own average in the one case, but a great deal more in the other. The misinformed complainants, in this matter, have, however, gone still further, in their well-intentioned attempts at improvement; for they have represented that the eight weeks, which are now lawfully granted to the In-patients, before their further stay shall become a question, is too long a time, and ought to be abridged. This might be treated as a mere matter of opinion, and, therefore, not worth discussing, particularly as it is likely that they who are, and have long been practically engaged in the business of a Hospital, will be admitted to have the best right to give one: but, even on this point, experience and precedent are in favor of the existing system; for, if we refer to the custom of similar institutions in this respect, we shall find that in none is the limited time less, whilst in some it is more: thus, the time allowed for the stay of each In-patient is, in the

	W eeks.
Bedford Infirmary	12
Bristol ditto	12
Sheffield ditto.....	8
Leeds ditto.....	8
Bath Hospital.....	8
Leicester Infirmary.....	8
Winchester County Hospital.....	8
Suffolk ditto	8
Birmingham Hospital	8
Radcliffe Infirmary (Oxford)	8
Nottingham General Hospital.....	no limit

In those of the London Hospitals also, where there is any limit at all, the term is the same, and it will, perhaps, be granted, that since so many medical institutions allow a stay of eight weeks, it is generally found to be about the time required : in fact, the above statement seems to constitute the best short answer that can be made to the alteration proposed.

The rate of mortality, which, in Hospital statistics, is always an important point to ascertain, appears, by Table 14, to be higher among the males than the females ; and such is pretty generally the case ; but when an equal number of both sexes be taken together, the proportion of deaths, at this Hospital, will be about $4\frac{1}{2}$ (4.6) per cent., among the In-patients, and $2\frac{1}{4}$ per cent. among the Out-patients.

The proportion of cures, which is also exhibited on the same table, seems to indicate a tolerable degree of success ; it is nothing very remarkable, certainly, and is, therefore, the more to be trusted ; nevertheless, the officers of this institution seem to have no reason to fear a comparison with others in this respect ; provided that they who enter upon it, will bear in mind the nature of their task, and will not under-rate the difficulties incidental to a faithful performance of it ; to which end it will be necessary " to take into account the comparative severity, danger, and duration of the diseases admitted, as well as the physical and moral differences observable in the several localities ; and after all this has been done, there will yet remain some allowance to be made for the different degrees of strictness with which different men adhere to the exact meaning of the terms ' Cured,' ' Relieved,' " &c.

A good deal remains to be said about the alleged admission of what are called improper cases ; that is, of patients, whose diseases, on account of their incurable or lingering nature, are decided to be inadmissible by the Rules, and which are, nevertheless, said to be received, in the teeth of such a prohibition.

This is a matter, however, which requires too lengthened an

investigation, to be entered upon now ; it must, therefore, be deferred till the next Report, though, in the meanwhile, we unhesitatingly affirm, that no Rule of the Hospital is really infringed, by the admission of *judiciously-selected* consumptive cases (which are they whose admission has been chiefly cavilled at), and that, even if it were so, the infringement would be often, not only justifiable, but very strongly called for. Besides, in order to consider this question, in all its bearings (and it is well worthy of consideration), it would be necessary to go fully into those purely medical details, which can scarcely be expected to interest non-professional readers ; and since this Report is particularly addressed to the general public, with the view of directing its attention to the condition, uses, management, and necessities, of the county Hospital, all such technical inquiries have been purposely avoided, excepting when absolutely necessary for carrying on the medical history of this Institution, according to the plan originally laid down for its continuance.

For the same reason the remarks on particular diseases, which formed so considerable a portion of the former Report, have been omitted in the present one ; they will, however, be continued in the next, now that the internal management of the Hospital has been described, and that occasion has been taken to expose the fallacy of some of those hastily adopted opinions, with regard to it, which have, even up to the present hour, been, in some degree, operating to the prejudice of an Institution, which, if not quite perfect in all its details, is still eminently useful, and is quite ready to be more so, whenever the public shall deem it desirable to furnish the means.

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